

AN INTEGRATIVE VIEW OF
MARITAL AND FAMILY THERAPY
ILLUSTRATED WITH A CASE STUDY

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To my loving wife Zoraida and to my dear children, Jasmin and Samuel.

Thank you.

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Abstract

This thesis will review an understanding of Biblical theological and psychological contributions to an integrated perspective of marriage and family therapy. Human beings are created in the image of God and since God is a relational God, they are created to relate to God and other selves, forming I-Thou bonds. Emotionally Focused Therapy (EFT) is one approach that serves as a foundation and developing approach to integrate these Biblical theological and psychological concepts. EFT facilitates the proper diagnosis, assessment and treatment planning for couples facing marital distress. These principles are illustrated with case material from a couple in therapy.

Chapter 1 Biblical and Theological Perspective on Marriage

Introduction

Marriage is God's invention. God finalized His perfect act of creating the world by establishing the institution of marriage. In fact, everything created before Adam and Eve was made for the purpose of preparing the home where God would place the first couple so they could live together under the holy bond of matrimony. This is why the Supreme Court cannot accurately define marriage because it is not defined by human understanding. Human beings cannot fully define what they have not created. Adam and Eve were not yet created when the idea originated in God's mind. For this reason, an appropriate discussion about marriage needs to be traced back to the creation of the universe. When one wants to understand the purpose and functioning of any machine or artifact, the first task is to go back to the manual that came with it and read it. This is one of the problems in understanding the institution of marriage. Human beings have attempted to define marriage not through the eyes of their Creator, but through the eyes of their personal preferences and the influence of culture. Thus, contemporary society has many misconceptions and fallacies regarding this sacred institution. This chapter will consider the biblical and theological perspective on marriage.

The Original Plan for Marriage

God does not do anything without a purpose. The steps that God followed to create this world demonstrate that He has a clear understanding of His plan of creation. Genesis 1:4 presents the basis for understanding the purpose of humanity as it relates to the image of God (*imago Dei*). It is worth noting that God used two different formulas when He created this world. Before Genesis 1:26 (New King James Version), God used a recurring formula (Genesis 1:3, 6, 9, 11, 14, 20, 24 and 26). Every time that God created something on a particular day, the formula pattern was "Then God said," and

whatever God called for existence, it happened. However, when the time arrived to create Adam and Eve, God changed His formula and said:

Let us make man in our image, according to our likeness; let them have dominion over the fish of the sea, over the birds of the air, and over the cattle, over all the earth and over every creeping thing that creeps on the earth. So God created man in His own image; in the image of God. He created him; male and female He created them. Then God blessed them, and God said to them, be fruitful, and multiply, and replenish the earth, and subdue it: and have dominion over upon the earth (Genesis 1:26-28).

Even though it is impossible to fully understand God's mind concerning the institution of marriage, we could try to analyze the orientation God used as He created this institution, using the record found in Genesis 1:26-28. First, the Trinity, the triune Godhead had a conversation, and they concluded saying, "Let us make man in our image, according to our likeness" (Genesis 1:26). This is the first of four passages in the Old Testament where Elohim, God in its plural form, is found in divine dialogue. Subsequently in Genesis, the plural "like one of us" occurs in Genesis 3:22, and the plural verb "let us go down" is made plain in Genesis 11:7. Finally, in Isaiah's vision of the heavenly throne the prophet hears the divine request, "And who will go for us?" (Isaiah 6:8). These verses demonstrate that Elohim is a name capable of communicating the unity of the one God while also allowing for a plurality of persons (Richards, 2001).

Sailhamer (1992) stated that, in Genesis 1, God is speaking and acting in the singular while using Elohim, a plural noun. However, in Genesis 1:26 and 27 God or Elohim presents Himself in the plural when He is having the conversation with the Godhead about the creation of mankind. In verse 27, Elohim again returns to the singular with the act of creating mankind and showing unity, but now in that creative act

He created mankind singular as the plural male and female (Fruchtenbaum, 2010).

Sailhamer presented a well elaborated statement about the importance of relationships and intimacy in the Trinity:

Following the use of Elohim in Genesis 1:26, one may see the divine plurality expressed in verse 26 as an anticipation of the human plurality of man and woman, thus casting the human relationship between man and woman in the role of reflecting God's own personal relationship with Himself (p. 9).

Genesis 1:26, 27 presents a God that lives in relationship and community with the Godhead. The heart of the universe is a relationship: God the Son, God the Father, and God the Holy Spirit. "God had the idea of togetherness and a loving connection because that is what He himself is as Father, Son, and Spirit" (Matthews & Hubbard, 2004, p 176). Later in verse 28, the author presents one of the purposes of humanity, "Be fruitful and multiply; fill the earth and subdue it; have dominion, over the fish of the sea, over the birds of the air, and over every living thing that moves on the earth." Only Adam and Eve could fulfill this God-given responsibility. The other created creatures could not fulfill the mandate of God because they did not have a direct, personal relationship with God, and were not created for that purpose. "Man, because he was created in God's image, was the only creature, who could fulfill God's declared purpose" (Evans, 2008, p 8). Evans noted that the author of Genesis places being created after the image of God, and the idea of marriage in the same sentences to emphasize the magnitude of their multifaceted relationships and responsibilities. Both were to be performed first to God and then to each other. In conclusion, Adam and Eve reflected something about God that was not revealed in the rest of creation. That is, they were called to be God's representatives of this world.

History of the interpretation of the image of God. The most exceptional thing about creation is the fact that Adam and Eve were created after the image of God (or Imago Dei). In fact, the interpretation of the Imago Dei strongly influences our understanding of what it means to be human (Balswick, King & Reimer, 2005). Throughout history, theologians have divided the interpretation of the image of God generally into three different categories: functional, structural, and relational. Hoekema (1994) argued that early in the history of Christianity, theologians singled out the aspect of man's intellectual and rational power as the most important feature of the image of God in a broad sense. Concerning the structural image of God, one thing that early theologians had in common was that man's rational powers reflected God's reason, and enabled man, in a sense, to think like God. God is the supreme determiner of right and wrong, and man's moral sensitivity reflects something of the moral nature of God. In this sense, the image of God means that man is "structured" or made like God. McMinn and Campbell (2007) articulated this notion by stating that God created something majestic and noble, which was built into our character. "We see it every time we cry out for justice, when we think reasonably, when we feel deeply hurt or happy, when we extend mercy, and when we long for relationship" (p. 30).

However, some theologians no longer unquestioningly accept the structural view of the image of God as the correct view of theological anthropology.

As the Christian tradition developed in dialogue with Western philosophical trends, the image of God was directed towards application to the individual self. This factor contributed to the fact that during the last century this emphasis on the individual self has been challenged (Evans, 2008, p. 56).

At that time, some theologians questioned that being made in the image of God meant more than man's ability to reason, create, and behave morally, but that he could

also relate to others. Thus image was understood relationally. In other words, the first couple also reflected the relational image of God before the Fall.

Today, many theologians emphasize the “functional” responsibility of human beings. In this respect, it is important to note, “man’s ability to respond to God and to his fellow men, and that he is being held responsible in the way in which he makes these responses.” (Hoekema, 1994, p. 70). The functional view of the image describes human behavior and specifically, behaviors related to managing creation. This is emphasized in Genesis 1:28 and Psalm 8 when God commands us to “have dominion”. The functional view on the image of God presents humans as exerting mastery over creation. It is not difficult to see the human capacity to create, manage, produce and build magnificent architectural feats that defy gravity and withstand nature’s elements as fulfilling this commandment.

Again, the question is valid: why are there divergent interpretations of the image of God in the last two centuries? Atkinson (1990) gave a very assertive answer to this question. He discusses the parable of the blind men who try to describe an elephant by touch alone. Each man recognizes characteristics that is before him and sensed by him. That does not in any way negate what the other blind men “see.” Thus, “all of these interpretations of the image of God, in some sense, shed light on the meaning of the divine image” (p. 37).

In summary, first, God created marriage to reflect His image and especially, His relational image because He is a relational God, and not an isolated God. Marriage was a prototype of all the other human relationships that would be formed by Adam and Eve’s offspring. Second, the three dimensions of the image of God are parts of the whole, the self. They are interconnected and form a whole unit. If Adam had been created to live on an island, isolated and disconnected from other humans, he indeed

could have accomplished His functional aspect of the image of God by utilizing the structural aspect of God's image. However, He could not have reflected God's image completely without having reflected the relational image of God because this dimension of the image was the one that would keep the other aspects of the image interwoven. Third, Adam and Eve's relationship with God allowed them to have a sense of identity, purpose, and function as children of God.

The next section will present the influence of the relational image of God in the matrimony, and how the godly *I-Thou* relationship should model and shape humans' relationships with their neighbors.

The relational image of God in marriage. The argument for the relational view on the image of God is based on the relational aspect of the Trinity as reflected in Genesis 1:26 and 27. As God is manifested in three persons: Father, Son, and Holy Spirit, they share both particularity and relationality at the same time. Barth (1975a) wrote:

The divine modes of being mutually conditioned permeate one another so completely that one is always in the other two. Although the three are distinct, they are not separate; they exist with and for each other. An example on this point could be seen in John 1:1, in the beginning was the Word, and the Word was with God, and the Word was God (p. 370).

The Greek term *perichoresis* has been used to refer to the reciprocity and inner relationship of the Godhead (Elwell, 2001). Each person of the Trinity is in the other and keeps his own unity and uniqueness at the same time. The text says, "male and female he created them" (Genesis 1:2). This Bible text is not only speaking of an independent individual, but also of a couple, representing the image of God. In the same way that God is a Triune-God, humankind is created male and female and constitutes a

whole when they are together in communion. In this way, God made an image of what He is Himself.

Today, a more practical term to explain the *perichoresis* of the Trinity is reciprocity. Reciprocity is the glue that holds the relational polarities of uniqueness and unity together (Balswick et al., 2005). The Bible amplifies this concept of the Trinity's reciprocity in the Gospel of John. For example, the Father and the Son are one, and the Father also sent the Son. The Father gives power and authority to the Son, and the Son reciprocates by following the Father's example. One last example is the high-priestly prayer of John 17:24 wherein the Father lavished divine love on the Son and thus glorified Him. In turn, the Son reciprocates the love received from the Father, and in this manner, glorifies the Father eternally. This relationship is not a "co-dependent love." For example, the Bible does not say "I will give you glory if you give me glory." To the contrary, reciprocity means, in this sense, that in love the Father gives His love to his Son, and the Son chooses of His own will to glorify the Father because of the eternal relationship they are experiencing.

The self and the human other - the reciprocating self. The goals of human development as God intends them, involve the reciprocating self. That is, living according to God's design as a distinct human being in communion with God and others in mutually giving and receiving relationships (Balswick et al., 2005). Barth (1975a) said this reciprocity of the Godhead has four types of relations in the "analogy of relations." 1) As God is related to God, so the human is related to God. For example, "the freedom of God for mankind corresponds to the freedom of the humans for God." 2) As God relates to God's self, so the human is related to other humans. For example, "God's relation to God's Self in *I-Thou* relationship" corresponds to "the human's relation to the human in *I-Thou* relationship." 3) As God relates to humans, so humans

are related to others humans. For example, “God is free to the human” corresponds to “the human is free to the human.” 4) As God relates to God’s self, so God relates to the human. For example, “Jesus Christ’s being for God is the direct correlative of Jesus Christ’s being for the human” (p. 220). We can summarize the role of God’s place in every relationship by stating “God is in Himself the One who loves eternally, the One who is eternally loved; and in this Trinity, He is the original and source of every *I-Thou*” (p. 218).

Therefore, since human beings were created after the image of God, the relational view on the image of God suggests that He created Adam and Eve to live in reciprocal, authentic relationships. For this reason, human beings are to be in relationships where a whole self, *I*, is in mutual relationship with a whole other, the *Thou*. This supposes an authentic personal encounter of both the *I* and the *Thou*. One is not dominant; the other is not inferior. The relationship is characterized especially by the reciprocity of communication (Buber, 1970). Overall, a relationship that reflects the image of God is a relationship characterized by mutuality (give and take), and it enables the self to be known most fully in the process by another.

A particular practice that is frequently seen in Christian wedding ceremonies illustrates this concept of reciprocity in marriage. In the ceremony, the families of the bride and groom sometimes light candles symbolizing the lives of the bride and groom. The bride and groom then take their respective candles and simultaneously light one another’s candle representing the new marriage unity they are engaging in. One mistake in this practice during weddings is that the bride and the groom blow their candles out, essentially saying that they are one and no longer two separate selves. Indeed, marriage is not about the abolition of the uniqueness of the two coming together as one, but the reciprocity of two distinct lives that manifest the image of God both through their unity

and uniqueness.

Buber's theory develops the *I-Thou* relatedness in four models of relationship. First, he describes the *I-Thou* relationship. This is the type of relationship that is manifested in the Godhead. It is a relationship taking the high view of the self and of the other. "The self and other both experience the presence of the other in such a way that enables both to develop" (Balswick et al., 2005, p. 41). There is no dominance or supremacy in the relationship. In contrast, both the self and the other are recognized and appreciated as unique and differentiated. Second is the *I-it* relationship, which does not reflect the image of God. This relationship is characterized by a high view of the self and a low view of the other. In this view, one is considered as an object; He often is a functional or utilitarian role for the self. It is the relationship manifested in domestic violence cases, child abuse, and slavery, as examples. *I-Thou* is the way a person should relate to humans and to God, and *I-it* the way to relate to the impersonal natural world. To relate to human beings as if they were a "thing" is a violation of humanity and God (Buber, 1970).

The third type of relationship is the *It-Thou*. This is another distortion of the *I-Thou* image of God. In this relationship, the individual holds a low view of self and a high view of the other. Although the other is more highly regarded than the self, this is not done as a form of healthy differentiated behavior. Instead, the other is seen as a source of security or identity for the self (Balswick et al., 2005). As a result, this is a relationship characterized by not having clear boundaries.

The fourth model is dissociation, the *it-it* relationship. This model is the opposite of the former one, the *It-Thou*. The self tries to exist on its own but in a relationship with another self. The people that develop this type of relationship live by disengaging from another self. In this dysfunctional relationship, the self does not perceive itself

worthy of closeness with another, nor does it expects the other to offer closeness the majority of the time.

Balswick, King and Reimer (2005) argued that the reciprocating self can be best nurtured and developed when it has three biblical commitments: covenant (unconditional love) commitment rather than a conditional commitment, gracing rather than shaming, and empower rather than to control the other.

The relational image of God and the concept of the reciprocating self are so important to God that He wanted to demonstrate the importance of the reciprocating self in the steps He took to create Adam and Eve. Genesis 2:18 says, “it is not good that man should be alone.” Did not God know that Adam was alone even before he created him (Genesis 1:31)? How could God say prior to this verse that everything he created was good, and now, say that something was not good? God never does anything poorly. Everything that he does is perfect because he is God. He separated the creation of Adam from the creation of Eve because he wanted to highlight important points about the institution of marriage.

First, as stated previously, the image of God is not reflected in isolation or solitude because God is a Triune-God who lives in an eternal relationship. The dynamic of the *I-Thou* relationship was not exemplified by living in isolation with the rest of God’s creatures. Before the creation of Eve, Adam had an *I-Thou* relationship with his Creator, but an *I-it* relationship with the rest of the created order. He needed another self to experience the reciprocation of self. Living alone would not allow Adam to fully reflect the image of God.

Second, God wanted to help Adam understand the place that Eve would have in the marital relationship. Both were created after the image of God. However, Adam was created from the dust while Eve was made from Adam’s rib. This description holds a

rich insight. The different materials that God used to create them articulate the principle of differentiation, particularity and uniqueness that must be present in marriage. Even though they were created after the image of God and were united by the holy bond of matrimony, they were intended to keep their identity, unity and particularity.

Third, Eve was not taken from a bone in the head, so she could feel she was superior to Adam. She was not taken from a bone in the foot either, because she was not inferior to Adam. But rather, God used Adam's rib to form Eve to show that they were actually the same created being, two halves of a whole. The female was not created as a separate being, second to the male. God created Eve in order that Adam could develop a reciprocal relationship with Eve. He needed someone just like him as a companion. For that reason, he said: "this is now bone of my bone and flesh of my flesh" (Genesis 2:19).

In conclusion, God instituted marriage to reflect His image; Adam and Eve reflected His image in part through a reciprocating self. This is the self who is willing to engage fully in a relationship with another in all its particularities. The reciprocating self is the *I* or *Thou* in the *I-Thou* relationship. As Buber (1970) wrote, "relation is reciprocity" (p. 63). The type of reciprocity that reflects the image of God is the one that enters into a mutual relationship with the other self, where distinction and unity are experienced simultaneously. The *I-Thou* selves live to reciprocate and have the capacity to give and to take. Clearly, the reciprocating self does not treat the other as an *it*, but as another self created after the image of God. They do not seek fusion, but give the necessary space to the other to be unique and share differences. It is not a dissociated relation where there is no give or take. Rather, the reciprocating self lives in an intimate relationship of sharing that portray the relational image of God.

Marriage and Sexuality

Genesis 1:26-28 is the first text that sheds light on sexuality in the Bible. This text is talking about the creation of the human being in God's image, and the text specifies that when God created Adam and Eve he differentiated the sexes. The Bible says, "Male and female he created them" (vs. 27). The pericope about creation does not mention the word marriage, or sexual intercourse, but it is implied as the next Bible verse states, "Be fruitful, and multiply (vs. 28). This command to "be fruitful, and multiply" (vs. 28) signifies that "marriage and sexual relations are restricted to the opposite sex, and that same sex relations are contrary to the created order" (Schreiner, 2006, p. 62).

Later, the distinction of their sexes is underlined in the fuller account of their creation in Genesis 2:18-25. It is important to realize that the creation narrative functions as the paradigm for males and females, and how they are to relate to one another sexually. As a consequence, those that argue that homosexuals are "*born that way*" lack the support of God's creation narrative. Their interpretations of homosexuality are based on a corrupted and fallacious understanding of creation. The foundation of marriage as the marital relationship of a single male and a single female is clearly set forth in these verses. Attempts to erase the distinction between male and female are against nature and are an affront to the wisdom of the Creator.

Equality and dependence. The subject of equality and dependence has been an issue of discussion among scholars for many centuries. The account of sexuality in the context of equality and dependence has been misinterpreted. Those that have favored a hierarchical interpretation of Genesis 1 and 2 propose the following summary: (1) Man is created first and woman last (Genesis 2:7, 22), and therefore the first is superior, and the last is subordinate or inferior; (2) Woman is formed for the sake of man to be his

“helpmate” or assistant to cure man’s loneliness (Genesis 2:18-20); (3) Woman came from man (Genesis 2:21-22), which implies a derivative and subordinate position (Davidson, 1988). Let us examine these arguments against the position of equality and dependence in matrimony one by one.

The first argument states that man was created first and woman last. Davidson (1988) argued against this point by articulating that in the Hebrew literature it is customary to make use of an inclusion device in which the points of central concern to a unit are placed at the beginning and end of the unit, and this is the case in the Genesis 2 account. The entire account of creation is cast in the form of an inclusion or “ring construction” in which the creation of man at the beginning of the narrative and the creation of woman at the end of the narrative correspond to each other in importance. For that reason, we could say that the line of thought in Genesis 2 is not from superior to inferior, but from incompleteness to completeness. Based on this tenet, the woman is created as the crowning jewel of creation.

The second allegation is that woman is formed for the sake of man to be his helpmate. Genesis 2:18 records the account saying: “It is not good that the man should be alone; I will make him (*ezer*) a helper fit for him.” The Hebrew word *ezer* has been used to demand the inferiority or subordinate status of woman. In his commentary about the book of Genesis, Calvin (2009) stated, “women, being instructed in their duty of helping their husbands, should study to keep this divinely appointed order” (Chapter 2 verse 18 section, para 2). Calvin misinterpreted the word *ezer*. Interpreters used an English translation and concluded that *ezer* meant help or helper. The problem with this translation is that in English, this word suggests one who is an assistant, a subordinate, or an inferior. However, the Hebrew Bible presents the word *ezer* with a deeper translation, employing a superior help. The Bible presents God Himself as the helper of

Israel (Exodus 18:1; Deuteronomy 33:7, 26; Psalm 33:20). If the same word that is used in Genesis 2 is the word used to describe the relationship of God with His creature, one cannot say that God is his “helper” in the sense of being a servant and inferior being, ready to assist him. This is a relational term, and does not describe position or superiority.

The third argument used against sexual equality is that because the woman came from the man’s rib, she is inferior to him. The problem with this statement is that derivation does not mean subordination. For example, if that hypothesis is taken into consideration, then one has to also conclude that because Adam came from the ground, he is inferior to the dirt that God used to create him. None of the previous three arguments reflects God’s position in sexual equality when studied in the light of the Bible.

Becoming one flesh. The concept of becoming one flesh needs to be understood within the context of the word *yada*, which means “to know,” as it is used in Genesis 1:26-28; 2:26-28 and 4:1. In Genesis 1:26-28, the word *yada* does not appear, but the concept of knowing (*yada*) is implied by the author of Genesis. He presents a relational God who wants to relate to another created being through the medium of the reciprocating self. There is no other way to relate to another self but by knowing that person. Thus, the most important aspect of Adam’s I-Thou relationship with God was the knowing aspect in the relationship. Adam *yada* the Lord before he *yada* Eve. In other words, before he could have a horizontal knowledge of Eve, he needed to have a vertical knowledge of God. His knowledge of God (or more precisely – his relationship with God) gave Adam the ability to fulfill his purpose and functional image, and to know Eve intimately. In fact, without knowing God he would not have been able to know Eve in her plenitude, or have a good relationship with her. Seamands (2006)

stated, “the being of a person is therefore, being-in-relationship. Moreover, relatedness to others is two-dimensional: vertical (relatedness to God) and horizontal (relatedness to other humans and the rest of creation” (p. 35).

Augustine (1982) commented about the vertical dimension of God stating that man was made as an intellectual creature so that he could “know the Divine Word in whom he was made” (p. 97). Throughout the Bible, this concept of “knowing” God is amplified, highlighting the Divine intention to develop an intimate relationship with man (John 17:3; 15:1-7). The use of “knowing” encompass a range of meanings that includes involvement, interaction, loyalty, and obligation. It can be used to describe the most intimate and most hallowed relationships between man and wife and between man and God (Sarna, 1989).

Genesis 2:18-25 continues the progression of the Genesis narrator’s thought. Adam and Eve were created after the image of God (Genesis 1:26-28), to marry, to have intimacy, and to become one flesh (Genesis 2:18-25). “Therefore a man shall leave his father and his mother and shall cleave to his wife and they shall become one flesh” (vs. 24). This text talks about leaving one relationship to cleave to another one. It implies leaving one’s initial family to form a new one. The force of this statement is that both are to leave their parents’ home, cutting loose from those ties that would handicap the relationship. It is impossible to become one flesh if the “leaving and cleaving” has not occurred yet. The term “cleave” means having a strong personal attachment (Davidson, 1988). This term is used in Deuteronomy 10:20 to refer to the permanent bond between God and his people. In this context, Genesis 2:24 denotes an oath of solidarity, and uses the language of covenant partnership. Cleaving is the personal relationship in marriage. Collins (as cited in Davidson, 1988, p. 153) said that it “implies a devotion and an unshakable faith between humans; it connotes a permanent attraction which transcends

genital union to which, nonetheless, it gives meaning.”

After the leaving and cleaving have occurred, then the couple is ready to become one flesh. This is the deepest form of intimacy (*yada*). Becoming one flesh is the consummation of the marital covenant. A one-flesh relationship certainly involves the sexual union, sexual intercourse. Piper (as cited in Davidson, 1988) argued that the physical act of coitus may be seen in view of Genesis 2:24 as the primary means of establishing the innermost mystery of sex.

Genesis 4:1, finally, presented the word *yada* as euphemistic of sexual intercourse for the first time in the Bible. “And Adam knew Eve his wife; and she conceived, and bore Cain” (vs. 1). By using the word *yada* to indicate sexual intercourse in this context, the author described the highest possible level of intimacy that could be reached in a dyadic relationship. Significantly, “this verb is never employed for animal copulation” (Sarna, 1989, p. 31). For this reason, sexual intimacy, rather than being an end in itself is a means to an end, and that end is a deeper, more intimate knowledge of each other. In other words, expressing oneself sexually is not just a glandular function (Hamilton, 1990), but also the highest dimension of intimacy.

Tracing back the analogy of the concept of intimacy in Genesis, we can notice that the author begins with the concept of the image of God, and especially the relational image of God, in Genesis 1:16, 17. The author later introduced the concept of “becoming one flesh” in Genesis 2:18-25. However, in Genesis 4:1, he takes the concept of intimacy to a higher dimension using the word *yada*, to know; this use expands on the higher level of intimacy that could be reached in a *I-Thou* relationship. The message of *yada* in this pericope is clear, one first needs to know God, and then one will be ready to know another human being. It is impossible to experience the latter in its plenitude without the first one. Intercourse, at its purest and deepest level, should

be an image of the intimacy that God wants to have with us, and we should reciprocate to Him and to our spouse. For this reason, God only sanctions sexual intercourse within the context of the institution of marriage because it is marriage that allows for the consummation and renewal of the marital vows. Cole (1959) observed that:

Sex is, in some sense, central to and symbolic of the marriage relationship by which [a] man and his wife grow in mutual understanding and ability to communicate themselves to one another, which leads to growth, which is expressed in and deepened by their sexual intercourse. The word intercourse itself means communication (p. 276).

Yancey (2006) presented a very profound and provoking statement about God and sex:

In one sense, we are never more Godlike than in the act of sex. We make ourselves vulnerable. We risk. We give and receive in a simultaneous act. We feel a primordial delight, entering into the other in communion. Quite literally we make one flesh out of two different persons, experiencing for a brief time a unity like no other. Two independent beings open their inmost selves and experience not a loss but a gain. In some way—"a profound mystery" not even Paul dared explore—this most human act reveals something of the nature of reality, God's reality, in his relationship with creation and perhaps within the Trinity itself (p. 24).

Later, throughout the years, marriage eventually becomes a family affair, coordinated by two families, and then consummated by the couple in the sexual act. Cole (1959) noted that, "No religious ceremony took place in Israel; no marriage license was issued. The state, such as it was, never intervened, nor did the church. Sex was itself the ceremony, as the law makes abundantly clear" (p. 106), intended to become the primary aspect of the relationship. However, it was through sex that a married

couple could share their differences and similarities together in order that they could further know (*yada*) one another.

Sex for procreation. Genesis 1:28 reveals that one of the primary purposes of sexuality is procreation. Procreation is portrayed as a special added blessing. It is an order from God and must be taken seriously, and acted upon freely and responsibly in the manner that attends God's blessing. The message implies that if a couple procreates as God intended, they would receive a special blessing. The stability of future generations depended on the fulfillment of this command from God.

Sex as a blessing. The final word of the biblical account about the creation of humankind is that "the man and his wife were both naked, and were not ashamed" (Genesis 2:25). This last verse sheds light on sexuality in the context of creation. Why does the author end by talking about the sexual condition of Adam and Eve? First, in God's eyes, sexuality was powerful and important for the renewal of the marital covenant. Second, God considered sex as a blessing to the couple just created. It was given to the married couple to make use of without fear, inhibition, shame, or embarrassment. Third, God could have created clothes for Adam and Eve to cover their nakedness, but he did not because he wanted them to enjoy their bodies in a flame of fire and passion. The fact that the last text of the Bible before the Fall talks about sexuality is a powerful statement about God's pure intentions when he created sex for humankind.

The Effects of the Fall in Marriage

This section will discuss the effects that the Fall had on the institution of marriage. As noted previously, the heart of the universe is a relationship, a relationship with God and with your neighbor. Adam and Eve sinned when they broke the relationship they had with God. The result of this separation was both spiritual and

physical death. To have no relationship with their Creator was the same as having no life. When they broke their loving relationship with their God, their relational image was not completely destroyed, but was corrupted or distorted. It was shattered because they no longer had a vertical relationship with their creator, the source of life. At that moment, they began a countdown to death.

Originally, Adam and Eve were created to live eternally. Now, they were experiencing the opposite to life – death. The process of Adam's creation consisted of two parts. The first was to make Adam from the dust. The second was to breathe into Adam the breath of life. Adam did not become a living being until he received from God the breath of life. This fact has a profound implication in Adam's relationship with God. God was, in effect, saying that as long as you are receiving life from me, you would be alive. The moment that you rebel, you will die, and you will return to where you came from, dust.

Therefore, from a theological perspective, sin can be defined as a failure to have a functional relationship with God. Sin is essentially breaking away from God, opposition to God, and transgression against the laws of God. Sin should always be defined in terms of human relations to God and to his will as that is expressed in moral laws. Hence, if you are not in an intimate vertical relationship with your Creator, you have ceased to exist and a maladaptive pattern of behavior emerges in the relationship.

For instance, the expression "their eyes were opened" referred not to a physical transformation, but to the acknowledgment of good and evil. That is, Adam and Eve understood that they had sinned and the result of this recognition was living in a condition of shame. This feeling of shame led them to realize that they were naked before God and each other. Before the Fall, they were naked but the fact that they had intimacy with God, and the other self was proof that they were not ashamed. Even this

post-Fall nakedness should not, however, be interpreted as causing Adam and Eve to be ashamed of their own bodies before each other. There is no mention of mutual embarrassment or shame before the Fall. The context is rather one of fear and dread before God as stated in Genesis 3:10 (Davidson, 1988).

You cannot have shame and intimacy at the same time. Inner shame prohibits intimacy. Intimacy is a feeling of being in a close personal association. When Adam and Eve broke their intimacy with God, negative feelings of shame and guilt emerged. They felt inadequate, disgraced, dishonored, embarrassed, and humiliated in the presence of God because they knew that they had failed God. The core of shame comes down to a sense of inadequacy. Feeling inadequate made the first couple afraid that God no longer wanted them, that they would be rejected, abandoned, and that they were not good enough. This shameful condition was the result of the loss of intimacy with God.

Earlier in this chapter, the four models of relationship that Buber (1970) argued as human beings relate to God and other were discussed. The relationship that existed before the Fall was the *I-Thou* relationship. It was a reciprocal relationship where love was expressed at its maximum potential. However, as soon as the first couple broke their relationship with God, the three other models of the relationship were manifested. The first was the *I-it* relationship. Adam and Eve had a high view of themselves and placed God in second place, in the “it” position. God no longer occupied the first place in their life. They placed other gods, priorities and desires in the place where God had previously been the Ruler. The rupture of the *I-Thou* relationship with God produced an *I-it* relationship between Adam and Eve.

For this reason, Adam blamed Eve for his mistake. Eve could have replied to Adam that the accusation was unfair, but she blamed the serpent for her sin. Eve’s actions showed that she had begun to consider Adam in a higher dimension or authority.

This reflects the second model of relationship, the *It-Thou*. This is also a distortion of the *I-Thou* relationship. Although the other is regarded as highly as the self, it is not a healthy type of relationship that helps the couple to grow emotionally. The third model developed after the Fall was the *it-it*. Both individuals lived in isolation, and did not consider the other important to their lives. This type of relationship is presented as dysfunctional and one that results in disengaged families. In conclusion, when Adam and Eve lost God, they lost also their sense of belonging; the outcome was a marital relationship with anxiety, insecurity, and emotional distress.

The structural image of God was also shattered. This dimension of God's image has to do with the capacity to reason, think, create and make quantitative and qualitative decisions. In particular, with the sense of self or identity in human beings, and how humans see themselves and interpret the world around them. For example, before the Fall, God was the frame of reference for Adam and Eve. The intimacy they shared with God allowed them to see their Creator as the absolute truth. Every decision made or information processed was based upon the knowledge of truth they gained from God. He was their point of reference. However, after they lost their intimacy with God, they no longer had access to God as they once had because of their sin. They had to look to themselves for some kind of integration, and their own ego became their new frame of reference. Their broken relationship with their Creator resulted in a paradigm shift from a God-centered identity to a self-centered identity (Kirwan, 1994).

Consequently, they looked to themselves and to the world around them for the truth, while the absolute truth about the reality they had before was no longer experienced. One example of this fact is the encounter of God with Adam. Adam says, "I was afraid because I was naked," (Genesis 3:10) meaning, "I was afraid of you, Lord." He was expressing the new reality of his sinful life. To Adam and Eve, reality

after the Fall, no longer involved living in the presence of God, but in an existentialism vacuum. The result of a shattered structural image of God was the loss of perfection, and the development of low self-esteem, guilt, shame, confusion, disorientation, and panic (Kirwan, 1994). In other words, the first couple began to experience the consequences of their sinful behavior.

The functional dimension of the image of God was also damaged or affected. This dimension has to do with the capacity of humans to perform their calling or purpose. Adam was called to be the steward of God's creation. He was also called to procreate. However, since Adam and Eve's thinking was distorted because they came to have a sinful ego filtering their reality, they came to regard themselves as sinners (they covered their nakedness). Adam blamed Eve for his mistake and said, "the woman you put here with me – she gave me the fruit" (Genesis 3:12). Their self-concept was no longer secure and capable of allowing them to live in the absolute truth. The loss of an absolute knowledge of reality prevented Adam and Eve from formulating valid ideas; it also prevented them from maintaining healthy attitudes and feelings that facilitated their functioning. As a result, their functional image was impaired. They could not fulfill God's purpose for which they were created.

Satan's temptation to Eve not only had the purpose of taking dominion over the newly created world but also destroying the fundamental pillar of the family's structure. Marital problems began just after the Fall when Adam and Eve started to blame each other, as a defense mechanism, to calm the guiltiness produced by their terrible mistake. Since then, Satan has undermined the institution of marriage. Anything that is representative of God's will is attacked by the devil. Satan attacks the institution of marriage because he knows that if he destroys it, it will be a direct attack on God. Satan cannot destroy God, so he tries to destroy anything that represents His image. The book

of Genesis describes the way Satan has tried to corrupt marriage, for instance, through polygamy (Genesis 4:19, 23), evil sexual thoughts and words (Genesis 9:22), adultery (Genesis 16:1-3), homosexuality (Genesis 19:4-11), fornication and rape (Gen. 34:1-2), incest (Genesis 38:13-18), prostitution (Genesis 38:24), and seduction (Genesis 39:7-12).

It is interesting to note that in today's culture, marriage is experiencing the same type of attack that Satan employed after the Fall. He has not changed his strategy. In this postmodern society, people no longer believe in this divinely created institution. This culture has accepted different alternatives to marriage. It has neglected God's truth, and today postmodernism dictates what is to be considered truth. Postmodernists argue that there is no absolute truth. They question the Bible as the ultimate source of truth and decide what truth is today. People have the right to believe whatever they wish. A human being is a god. These are the messages that populate our postmodern society.

People that are critical of the institution of marriage argue that cohabitation is the answer to reduce the risk and trauma of divorce. They sometimes defend their position by stating that the divorce rate proves that even if the institution of marriage was workable in the past, today is a different story because marriage no longer works. Cohabitation as an alternative to marriage is the answer that this postmodern culture has found that is congruent with a life without restrictions.

Divorce is another alternative used by the devil to destroy the institution of marriage. Divorce was never involved in God's plan for marriage. God created the institution of marriage to represent His relational image, the eternal unity that exists in the Godhead. Marriage is a covenant relationship. God compares His relationship with His children to a covenant relationship. For this reason, He hates divorce. To understand how seriously God takes this covenantal relationship, Malachi 2:14 states that God says

through the prophet, “Yet you say, ‘For what reason?’ Because the Lord has been a witness between you and the wife of your youth, against whom you have dealt treacherously, though she is your companion and your wife by covenant.” This text argues that God acts as a witness in every marital ceremony. God was the official and the witness in Adam and Eve’s matrimony, and he has not ceased to witness every marriage vow taken in his presence.

This is why God hates divorces. The idea of divorce has never entered God's mind. What God has joined together, let not man separate (Matthew 19:6). Sproul (1994) argued:

People are no longer familiar with the nature of covenants. Covenants establish relationships publicly and create accountability. If two people are cohabitating, either partner may abandon the other without accountability. The marital covenant involves a commitment to obey God and to be faithful—and also involves a curse: May God judge me if I break this pledge (p. 134).

On the other hand, because of the Fall, God makes an accommodation for our sinfulness by allowing for divorce under certain circumstances with stringent safeguards. These circumstances appear to include adultery (Matthew 19:8), and abandonment (1 Corinthians 7:15). The issue of divorce needs to be handled with grace and consideration. Due to the limited space availability in this paper and the broad range of this subject, divorce and remarriage will not be addressed in any comprehensive way.

Power Dynamics between man and woman after the Fall. The Fall destroyed God’s plan for egalitarian relationships. Sin produced a separation in the communal life of Adam with God, with his wife, and their relations with him. The I-Thou relationship took another turn after the Fall as sin brought consequences that were unexpected. God’s judgment on Genesis 3:16 is clear: (1) I will greatly multiply your pain (labor) in

childbearing; (2) in pain (labor) you shall bring forth children, (3) yet your desire shall be for your husband, (4) and he shall rule over you. The first two lines indicate that as a result of sin, childbearing will be a painful experience for the woman. However, the meaning of the last two lines needs to be understood in order to grasp God's design for sexual relationships after the fall.

With respect to the last two lines of Genesis 3:16, five major interpretations are made about this biblical record. The first and most popular view today comes from John Calvin who argued that the subordination of women is a creation ordinance and God's ideal from the beginning; but as a result of sin, this origin of hierarchy between the sexes is distorted and corrupted, and must be resolved by the Gospel. The second view also reflects the subordination of women as part of God's intention in the creation, but sees in Genesis 3:16 not a distortion but a reaffirmation of subordination as a blessing and comfort to the woman in her difficulties as a mother (Clarck, 1980). A third major interpretation argues that the subordination of women to men did not exist before the Fall, and the mention of such a subordination in Genesis 3:16 is only a description of the evil consequences of sin (the usurping of authority by the husband), to be removed by the Gospel. In this view, it is not a permanent prescription of God's will for husband-wife relationships after sin (Davidson, 1988).

A fourth major view is in agreement with the previous interpretation that the submission of wife to husband is part of the evil consequences of the Fall and did not exist as a creation ordinance. However, this must be understood as prescriptive and not just descriptive. This view presents God's normative pattern for the relationship of husband and wife after the Fall. A final view agrees with the second, namely that verse 16 is a blessing and not a curse; it differs in denying that the subordination of women to men is a creation ordinance. This position also argues, in effect, that even in Genesis 3

the egalitarian perspective of God is articulated.

View number four is preferred because there is a normative divine sentence announcing a subjection/submission of wife to husband as a result of sin. However, this involves not only a negative judgment but also positive blessings as suggested in views two and five. While the woman would have to “labor in childbirth”, a sentence that would weaken her naturally and discourage her from continuing to have sex with her husband, God assured her “your desire shall be for your husband” (Genesis 3:16). This in fact, would serve to sustain the union that was ruptured by sin (Davidson, 1988).

Davidson noted “your desire shall be for your husband” (Genesis 3:16) also has a negative implication, far from the original plan of God for the couple. The meaning of the word translated as “desire” in this passage is highly debated. The word “desire” appears in two other instances in the Old Testament, Genesis 4:7 and the Song of Songs 7:10. In the Song of Songs, the word has a romantic and positive tone; describing a feeling of mutual attraction between two lovers: “I am my beloved’s and his desire is for me” (vs. 10). In Genesis 4:7, the word is used in the context of sin’s desire for man. This desire of the man is to repulse and dominate. Applying the use of the word “desire” in these two verses, Genesis 3:16 and Genesis 4:7, leads to an understanding that the desire of the woman for her husband is akin to the desire of sin that lies poised and ready to leap at Cain. Foh (as cited in Hamilton, 1990) argued that it means a desire to break the original plan of God’s reflection of equality within the relationship, the *I-Thou*, and turn it into a relationship of servitude and domination. Adam, because of his sinful nature will be a tyrant to his wife. This new hierarchical structure of the relationship between Adam and Eve was the result of the Fall and it was never the intention of God as part of His plan for the marital institution. For this reason, in the same way that someone has to fight against the effects of the Fall in his life through the

power of the Holy Spirit, so too he ought to work diligently to fight against this negative aspect of the Fall in the marital relationship. In addition, in the context of Genesis 3:16, the first promise in the Bible in verse 15 is presented. Here God promised that Jesus Christ will come to undo the effects of the Fall, make atonement for sin, break the power of the curse, and restore His image in his creatures.

In spite of the effects of the Fall to destroy the perfect plan of equality in the matrimony (Genesis 3:16), the Bible authors did not deviate from the original idea of godly I-Thou relationship. Throughout the Old Testament, they continued emphasizing the truth about egalitarian relationship and the plan of redemption to restore I-Thou relationships (Song of Songs 7:10; Isaiah 65:17).

In addition, The New Testament emphasizes this concept of egalitarian relationships. Paul argued that Christ is the head of the Church (Ephesians 1:22; 5:23), and the human members of Christ's Church collectively (male and female) make up the body of Christ (1 Corinthians 11:3). The church only has one head, and this concept of headship in the church is unique and is non-transferable to the "head" of the home, as some assert. Paul's writings have been used for many to argue that the man is the "head" of the home (1 Peter 3:16).

However, the correct interpretation of Paul's text demonstrates that Paul maintained the Eden model of egalitarian relationship (Ephesians 5:21-23); affirming with the rest of the Bible the Gospel ideal of the ultimate restoration of the Eden model (Matthews 19:8; 2 Corinthians 5:17; Galatians 3:28).

Today, the subordination of women is taught in many religious groups as God's divine plan for human relationship. People use Genesis' chapter 2 and 3 accounts to present arguments about the inferiority of women, and the headship of the man in the home. As a result, women have suffered abuse, humiliation, and rejections throughout

history. In sum, Satan wants to destroy the image of God in the matrimony by creating other models of relationship, such as, I-It, It-Thou, and It-It. However, with the help of the Holy Spirit, the image of God should be restored in human beings; forming godly I-Thou relationships because Jesus died at the cross to make this a reality.

The ideal of sexuality restored: The Song of Songs. The book Song of Songs is intended by God to restore the ideal of sexuality as it was originally established in the Garden of Eden. Several recent studies have concluded that an intimate relationship between the early chapters of Genesis and the Song of Songs exists (Davidson, 1989). Tribble (as cited in Davidson, 1989) articulated this connection between Genesis 1, 2, and the Song of Songs effectively when he stated:

Female and male are born to mutuality and love. They are naked without shame; they are equal without duplication. They live in gardens where nature joins in celebrating their oneness. Animals remind these couples of their shared superiority for lesser creatures. Fruits pleasing to the eyes and tongue are theirs to enjoy. Living waters replenish their gardens. Both couples are involved in naming; both couples work... Whatever else it may be, Canticles is a commentary on Genesis 2 and 3. Paradise Lost is Paradise Regained (p. 5).

The Song of songs represents a return to Eden, yet the lovers in the book are not equated with the pre-Fall. When one analyzes the poetry of the book angry brother (1:6), the wet winter (2:11), the “little foxes that spoil the vineyards” (2:15), the anxiety of absence from one’s beloved (3:1-4; 5:6-8; 6:1), the cruelty and brutality of the watchman (5:7), and the powerful presence of death (8:6) may be noticed. However, in spite of the evilness of the fallen world, the lovers are able to triumph over the threats to their love.

The message of the book of Song of Songs is the same message of Genesis

chapters 1 and 2. (1) Sexuality is good. "God has made everything beautiful in its time" (Ecclesiastes 3:11). (2) Sexuality is for couples and thus the book celebrates the love relationship between King Solomon and the Shulamite. (3) Sexuality is egalitarian. The lovers are presented as equals in every way. "Canticles reflects an image of woman and female-male relationships that are extremely positive and egalitarian" (Swidler, 1979, p. 92). (4) Sexuality is related to wholeness. Throughout the Song of Songs, the issue of physical closeness is highlighted in a sexual tone. "His left hand is under my head, and his right arm embraces me" (2:6; 8:3). Studying the context of the passage, the message is clear; lovers need each other to be whole. (5) Sexuality is pleasurable. It is interesting that the sexual experience in the Song of Songs is not linked with procreation at all as stated in Genesis 1. McCurley (as cited in (Davidson, 1989) expressed it nicely by saying that the love affair is by no means designed for the production of progeny. The pleasures of the bedroom, rather than the results for the nursery, occupy the poet's concern here. (6) Sexuality is beautiful. This is a major statement in the Song of Songs. The author, King Solomon, presents sexuality as wholesome, beautiful, and good in living descriptions. It is something to be celebrated and enjoyed without fear or embarrassment. In other words, in the Song of Songs, as in Genesis 1, sexuality is presented as very good.

Marriage Restoration Directed Toward the Future

Even though marriage has indeed fallen on hard times, it is still God's institution for a family's structure. Just because marriage has not worked for many does not mean that someone must look for other alternatives to the divine plan. Everything created by God will stand forever. To argue that traditional marriage is not for our time is to question God's character and trustworthiness. To do so is exactly the plan of the devil. The reason this world is facing problems in this area is that it is harder to have a healthy

marriage relationship if we do not follow the instruction that God sets forth in His Word. God is not only the one who instituted marriage but also the only one who can keep it safe. When one follows God's instructions in the Bible, He guarantees us that He will bless us and safeguard our marriage.

To heal our relationship with one another entails that our relationship becomes the way it was when God instituted marriage as a mirror of His image. Jesus came to this world to restore His image in our life. His appeal to the married couple is to be transformed by the renewal of their minds (Romans 12:2), to become new creatures (2 Corinthians 5:17), a new creation (Galatians 6:15) and to receive life in our sinful condition. All these biblical promises give hope regarding the deteriorated condition of this divine institution. The final restoration of this institution will occur by the same Power and Agent who created this world and instituted matrimony.

In Genesis 3:15, God promised that Jesus would come to this world to die upon a cross, paying for our transgressions and healing our relationships. The Bible calls this plan God's Plan of Redemption. As part of this Plan of Redemption, God wants to transform our life, so everyone can reflect the image of God once again. This is the process of regeneration. In this process, when someone accepts Jesus as his personal Savior, he places in his heart a spiritual nature that gives meaning and purpose to his life (John 3:3). This process tells us that the natural world is not the end and there is hope in Jesus. There is a higher reality more powerful than the natural world. This higher reality is governed by the influence of the Holy Spirit who works in our hearts to produce the necessary change in it.

For this reason, the married couple can change, and in fact, must change. Good is superior to evil. Romans 12:21 illuminates this concept by stating "do not be overcome by evil, but overcome evil with good." This verse sums up the life of Jesus,

and especially His death on the cross. The result of this regeneration, in the context of marriage, is a couple re-oriented toward God, who begin to love God with all their hearts, and their neighbors (his/her spouse) as themselves. Then, a new and forgiving spirit begins to move their lives toward more Christian behavior. For that reason, the couple understands that their identity is in Jesus Christ, and they begin to use the truth found in Jesus as their point of reference. This is a couple that reckons themselves to be dead to sin, but alive to God in Christ Jesus our Lord (Romans 6:11). The hope that awaits each couple is the promise of the Word of God, which states, “may the God of peace Himself sanctify you (the couple) completely; and may your whole spirit, soul, and body be preserved blameless at the coming of our Lord Jesus Christ” (1 Thessalonians 5:23).

In conclusion, marriage is an institution created by God for reproduction, sexual pleasure, creation of family structure, a life-long relational covenant, and the reflection of His image. Every marriage is a demonstration to this world of the type of relationship Christ wants to have with His bride, the church, and the *I-Thou* relationship. Marriage has a mission yet to be fulfilled; it is called to preach to a generation that does not want to receive God's truth about matrimony. Through marital testimony, many will recognize the value of a godly home. Every wedding that is performed with God as a witness is potentially a ceremony of missionaries who will go out to the community to testify about the passion of God for a relationship with his creatures. Their lives can be the testimony to the transformational power of God working at the heart of the couple to restore God's image in their lives. The day is coming when our lowly body will be transformed to conform to His glorious body, according to the work by which He is able even to subdue all things to Himself (Philippians 3:20, 21). Our relationship will be healed because we shall be like Him, for we shall see Him as He is (1 John 3:1-3). The

Bible has the last word concerning the institution of marriage. The last chapters of the Bible present a new beginning for all our relationships. God will celebrate the wedding of the Lamb, which is the re-creation of the *I-Thou* relationship that governs the kingdom of God and was lost after the Fall. At that time, the broken relationship, as a result of sin, will be restored forever.

Chapter 2 Psychological Perspectives on Marriage

Introduction

This chapter will discuss several psychological perspectives on marriage. The theological foundation was established in the previous chapter, particularly that human beings were created to have an intimate relationship with God and with others. The objective of this chapter is to analyze how the child develops an intimate relationship with his or her parents, and later as an adult forms a romantic relationship that may result in a marital dyad. The three main themes of this chapter are the following: 1) the tenets of attachment theory in infancy and their influence on adults forming romantic relationships; 2) the mate selection process and the different psychological models of marital life; and 3) marriage within the family system.

The Development of Relationships

When God created Adam and Eve, His intention was that they should live in intimacy with Him and with each other. In fact, when the unborn is in the womb of his mother, the baby begins to develop a bond or connection to her, a bond that prepares the unborn for the parent–child attachment later in life. This relationship can be represented as an affiliation and interaction of the parent with the unborn baby, and the desire to prepare and welcome the new baby. After pregnancy, the baby moves from the mother's womb, where all needs were automatically met, to a world where the newborn has to depend on fallible humans to survive. At this moment, the child begins to form an attachment behavioral system that will guide him/her in relating to others and surviving in a sinful world.

In order for the infant to learn how to interact with the new environment, he or she needs to develop biologically and cognitively. Whereas many mammals are physically able to defend themselves or run away from a threat just after birth, God

created humans in a way that requires them to be dependent for years before they develop the capacities to adapt to and live in the world. Infants need to depend on a caregiver to defend them in the face of many threats. This fact demonstrates the importance of intimacy with God. God intentionally created human beings to live in a community as reciprocating selves. As explained in the first chapter, a reciprocating self is one that exemplifies an *I-Thou* relationship based on the Christian concept of the Trinity (Father, Son, and Holy Spirit). Just as God lives in community with the other members of the Godhead, human beings are supposed to relate with other selves. Adam and Eve were created to represent the relational image of God. It was a relationship of intimacy, but at the same time one of differentiation.

Analyzing the process that human beings follow in order to establish relationships, it seems that first of all the child needs to develop an attachment behavioral system with his/her parents, which will teach the child how to reciprocate love with another self. Later, as an adult, he or she may form a romantic relationship that may lead to matrimony. The profound message of this concept is that before the child can be an “I,” he or she needs to be a “we.” He or she needs to form an *I-Thou* relationship with another human self before being an *I*. The importance of this process of attachment formation should not be underestimated. Bowlby (1982) argued that the attachment of a child to his/her parent is very influential in determining the quality of the child’s future relationships.

“The attachment system in infancy is so important that even the development of gross motor skills and perception are related to the quality of relational bonding with caregivers” (Balswick, King & Reimer, 2005, p.136). Profound biological impairment or delayed development in infants is connected to the absence of a caring relationship with a caregiver. Wismer-Fries, Ziegler, Kurian, Jacoris, and Pollak (2005) studied

severely neglected Romanian orphans who were rescued from their orphanages and adopted by loving and economically comfortable parents. They found that despite many improvements in their condition, on average, the orphans continued to have lower levels of vasopressin in their bloodstreams at baseline. The orphans also had lower levels of oxytocin even after having loving interactions with their adoptive parents. Oxytocin and vasopressin are two components of broader neural and endocrine systems that influence the readiness of an individual to engage in social behavior, form social bonds, and that also regulate reactivity to social and physical challenges.

Thus, early experiences of neglect and abuse may change a person physiologically, not just psychologically, in ways that make it more difficult to become fully and normally attached. Thompson (2000) proposed that the impact of early close relationships on psychological development was one of the enduring questions of developmental psychology to be addressed by attachment theory and research. In brief, human beings are created for intimacy; however, this intimate relationship with the other self must be learned through the modeling of parents. The next section will articulate how attachment theory explains the process of attachment as the child learns how to relate to another self from infancy to adulthood.

Attachment Theory

Bowlby's (1969) theory of the attachment system was ground-breaking. He stated that attachment is an integral part of human existence "from the cradle to the grave" (p. 176). This theory delineated the connection or bond that develops between a child and the primary caretaker, particularly the mother, and the way the child interprets the social world when dealing with intimate human relationships from infancy through adulthood (Collins & Read, 1990). Thus, attachment theory reflects God's vision of a

human being forming an attachment with a primary caregiver, and later in life, a marital relationship.

Attachment theory has four defining features, all of which are evident in relationship formation with any attachment figure: seeking and maintaining physical proximity (proximity maintenance), seeking comfort or aid when needed (safe haven), experiencing distress at unexpected or prolonged separations (separation distress), and relying on the attachment figure as a base of security from which to engage in exploration and other non-attachment activities (secure base).

Attachment theory can be summarized by three propositions. The first states that when an individual is assured that an attachment will be accessible to him or her whenever it is desired, that individual will be less likely to experience deep or persistent fear than a person who, for whatever reason, has no such security (Bowlby, 1973). The second proposition is that “confidence in the availability of attachment figures, or a lack of it, is built up slowly during the years of childhood” (p. 113). This second argument of attachment theory explains why the divorce of parents, death of a parent, or permanent separation from a parent before the age of five has severe repercussions for the well-being of the young adult, including elevated risk of mental illness and crime (Colin, 1996). The third proposition is concerned with the role of the actual experience, and speculates that the individual’s expectations about the accessibility and responsiveness of attachment figures are correctly thought of as representations of the actual past that the individual has experienced. In short, the core of this third proposition is the individual’s expectations of the availability and responsiveness of future attachment figures, which then become incorporated into their inner working models of attachment.

Bowlby (1973) believed that the mental representations or working models (i.e., expectations, beliefs, rules, or scripts for behaving and thinking) that children held

regarding relationships, were “nothing more than the reflections of their experiences with caregivers” (p. 158). For example, children with secure attachment styles tended to believe that others would be there for them because previous experiences had supported this conclusion. Once children have developed such expectations, they will seek out connections that are consistent with those past expectations and perceive others in a way that is colored by those bonding beliefs (Fraley & Phillips, 2009). In other words, working models and attachment patterns tend to maintain a consistency over time and endure throughout one’s life. Madsen and Roger (2008) argued that the caregiver’s availability continued to influence the individual’s feelings of security and insecurity across the lifespan. Therefore, the reason that the working models of attachment are stable and resistant to change is that they tend to be self-fulfilling, because behaviors based on these models are inclined to create results that reinforce them. Sroufer and Fleeson (as cited in Feeney & Noller, 1996) said that when children form new relationships “they repeat the roles and interaction patterns that they learned in earlier relationships, even if those relationships were harmful” (p. 15). These actions then reinforce their behavior and their interior working model keeps on fueling the negative cycle.

Many studies have confirmed that there is a continuity of attachment styles from infancy to the later years in life. For example, childhood insecurity is likely to persist as a theme in later years (Colin, 1996). Yet it is recognized by attachment theorists that attachment behavior and working models are not entirely fixed throughout one’s life. Bowlby did not agree with his associates’ position that whatever attachment style is developed during the first five years tends to persist relatively unchanged throughout the rest of life (Colin, 1996). Instead, he articulated the position that attachment patterns might change when working models and social interactions did not fit well together and

the models were no longer effective. Then the individual would begin the process of altering the models to better fit his or her new reality (Feeney & Noller, 1996).

Longitudinal studies have suggested that changes in attachment style from infancy to childhood are also related to family circumstances, such as severe life stresses (i.e. changes from secure to insecure), or the availability of an additional caregiver (i.e. changes from insecure to secure) (Feeney & Noller, 1996).

Infant attachment styles. The blueprint that will guide the child to form attachments throughout his or her lifespan is the internal working model that the child forms through the attachment system with parents and primary care givers. According to Bowlby (1969; 1973; 1980) and other attachment researchers such as Ainsworth (1982), and Hazan and Shaver (1987), a secure attachment in the child–parent relationship is based on the following factors: (1) the child’s ability to predict that parents will respond to their needs; and (2) the child’s ability to depend on their parents to respond consistently. In other words, a secure attachment is when a child uses a caregiver as a “secure base” from which to explore and master the environment in times of safety, and the use of a caregiver as a “safe haven in times of stress or danger” (Bowlby, 1982, p. 267). The attachment system will help the child develop in his/her relationship with self and others. For example, a secure attachment will allow the child to experience a positive self-image, and the assurance that other people can be trusted in difficult times.

By contrast, an insecure attachment will develop in a parent-child relationship when the child does not receive responsive, nurturing, consistent care their formative years. The insecure attachment style has three forms: ambivalent, avoidant, and disorganized. These three forms of attachment will also influence the way the child will see him/herself and others. For example, he/she will develop low self-esteem as a result

of lack of care and nurturing from caregivers, and will also form the idea that other people cannot be trusted in life.

The first step in the attachment process between children and their parents is predictability. This is achieved by parents' consistent care, nurturance response, and physical presence. Over time, children begin to foresee that their parents will be there to respond to their needs and give comfort. If children cannot predict what is going to happen, or that their parents will be there to comfort them and provide them with safety, a secure attachment cannot be established. Once children are able to predict what is going to happen and how their parents will respond, they begin to depend on their parents.

The second step is dependability. Consistent care and nurturing allow children to depend on their parents as a primary support system and see them as people who are safe, reassuring, and present. Children now see their parents as people they can turn to in times of need and stress, and from whom they can seek comfort and reassurance. Through predictability and dependability, children establish trust in their parents. In essence, trust is a necessary and sufficient condition for a secure attachment to be established. Understanding that the development of trust is a process is crucial in understanding the attachment process. Hazan and Shaver (1987) suggested that trust is a feeling created through the consistent care and support provided by parents, which allows for a secure attachment to be established. From a sociological perspective, Lewis and Weigert (1985) stated, "trust must be conceived of as a property of collective units (ongoing dyad, groups and collectivities) rather than isolated individuals. Being a collective attribute, trust is applicable to the relations among people rather than to their individual psychological states" (p. 968).

In an effort to develop a model to demonstrate attachment quality and its outcomes, Ainsworth (1982) conducted an experiment called the “Strange Situation.” The Strange Situation involved observing young children between the ages of 12 and 18 months responding to a situation in which they were briefly left alone and then reunited with their mothers. In this study, Ainsworth concluded that there were three distinct patterns of infant attachment. She identified them as “secure, ambivalent-insecure, and avoidant” (p. 28). Ainsworth believed that attachment styles could help predict behaviors later in life. Subsequently, drawing from Ainsworth’s study, researchers Main and Salomon (1986) added a fourth attachment style known as disorganized-insecure attachment.

Children classified as securely attached welcomed their caretaker’s return after a separation and, if distressed, sought proximity and were readily comforted. Infants classified as ambivalent-insecure showed ambivalent behavior toward caregivers and an inability to be comforted on reunion. Infants classified as avoidant evaded proximity or interaction with the caretaker on reunion. Continuity in infant attachment patterns seemed to be mediated largely by continuity in the quality of primary attachment relationships (Bartholomew & Horowitz, 1991). Disorganized-disoriented children sought their parents in unusual and contradictory ways, such as backing up into them for contact. “The children in this category often have a history of abuse or neglect, and the mothers are severely depressed or have themselves been victims of abuse or neglect” (Main & Salomon, 1986, p. 226).

Bowlby developed a four-phase process to illustrate the maturation of attachment between infant and caregiver (Colin, 1996). In the first few weeks of life, the first stage is the pre-attachment phase. In this phase, the young infant does not discriminate between individuals; he or she will look at and listen to almost any

individual and will not necessarily prefer the primary caregiver. As time passes, the infant moves into phase two, attachment-in-the-making. Even though there are indications that five to six-month-old infants have some preference for a familiar caregiver, the infant does not yet have a fully-developed attachment. This pattern typically changes around the seventh month. The different responses to separation (protest, despair, detachment, and then intensified attachment behavior) first occur when the baby enters the phase of clear-cut attachment. The attachment behaviors now include “crying, smiling, and reaching, but also following, approaching and clinging to the attachment figure, and protesting separations” (p. 71). Then, at around four years of age, the child’s attachment relationship is altered considerably. The child starts becoming an active partner in the relationship with the caregiver; and this new type of relationship is identified as a “goal-corrected partnership”.

Research has suggested that if the child has had no opportunities to experience attachment within the first four years of life, then he or she may have problems in becoming involved in a deep personal relationship (Colin, 1996). Ultimately, these childhood relationships with parents establish the four major styles acquired in infancy; these will be maintained in adult relationships and thus influence the way the adult experiences romantic love (Hazan & Shaver, 1987).

The attachment system is better understood as a cycle in which one occurrence leads to the next. This cycle usually begins when the infant displays displeasure or is in need of something and responds by protesting (either fussing or crying). The mother then reacts by either picking up the infant, talking to or soothing the infant, or responding in a manner that comforts and meets the infant’s needs. The baby then responds reciprocally by calming down, and thus the attachment develops during the infant’s first year as this cycle is repeated countless times. If the mother is able to

respond with love and care to the infant's needs the majority of the time, then the infant will be securely attached. The infant will feel confident that the caregiver can be trusted and that others can also be trusted to meet his or her needs. The infant feels secure to explore the environment, form new abilities, attempt new activities, and begins to discover how to interact with other children and adults. He or she will believe that the people who love and care for him/her will try to help eliminate discomfort or suffering and the infant will look at the world as a safe place.

Adult attachment styles and romantic relationships. As mentioned previously, according to Bowlby's theory, over time children internalize experiences with caretakers in such a way that early attachment relations come to form a prototype for later relationships outside the family. (Bartholomew, 1991). That is, the attachment styles formed in early childhood follow adults into romantic and marital relationships, thus influencing their ability to attach successfully to their romantic partners. Some adults will become secure, whereas others will become anxious or avoidant with a romantic partner (Hazan & Shaver, 1987).

Infant attachment behavior such as proximity maintenance (staying close to the primary caretaker), separation protest (being resistant to separation from the primary caretaker), secure base (using the primary caretaker as a secure base from which to venture out into the surrounding areas) and safe haven (seeking comfort from the primary caretaker) can also be used to explain adult attachment behavior where a romantic partner substitutes for the primary caretaker (Feeney & Noller, 1996).

According to Hazan and Shaver (1987), "the emotional bond that develops between adult romantic partners is partly a function of the same motivational system, the attachment behavioral system, which gives rise to the emotional bond between infants and their caregivers" (p. 4). They noted that infants and adult romantic partners

share the following features: both feel safe when the other is nearby and is responsive, both feel insecure when the other is inaccessible, both engage in “baby talk,” both play with one another’s facial features, and exhibit a mutual fascination and preoccupation with one another. The security that must be felt in an adult–adult relationship in order for the relationship to be secure is similar to a child–caregiver relationship. The main difference is that predictability and dependability, which creates trust between adults, must be more reciprocal than in a child–caregiver dyad.

Following their predecessors, Hazan and Shaver’s (1987) original measure described three styles of attachment for adults (Ainsworth, 1982; Bowlby, 1973; Bowlby, 1980). This three-style attachment model was extrapolated from studies of the major infant attachment styles. Later studies (Bartholomew 1990; Bartholomew & Horowitz, 1991) proposed a four-group model of adult attachment based on Bowlby’s claims that attachment patterns reflect working models of self and others. Bartholomew and Horowitz argued that models of self could be dichotomized as positive or negative. That is, the self is either seen as worthy of love and attention, or as unworthy. Similarly, models of others can be positive or negative—others are seen as available and caring, or as unreliable or rejecting. Working models of self and others jointly define these four attachment styles as either secure with a positive image of self or other, or dismissing-avoidant with a positive idea about self, but a negative idea of others. The preoccupied style has a negative idea about self and a positive idea about others. Fearful-avoidant reflects a negative idea about self and others (Bartholomew & Horowitz, 1991).

Buber’s (1970) four models of relationship were introduced in the first chapter. These four models were similar to the four styles of attachment found in adulthood. For example, an individual with an *I-Thou* relationship has a secure attachment with another self. This secure *I-Thou* relationship is based on reciprocity: giving and receiving love

and care. The dismissing-avoidant style is similar to the *I-It* relationship, because here the person has a secure view of him or herself and a negative view of others. The preoccupied style is the equivalent of Buber's *It-Thou* model, in terms of which the individual has a negative view of him or herself and positive a view of others. Finally, the fearful-avoidant is similar to the *It-It*, which entails a negative idea about self and others.

Zeifman and Hazan (1997) mentioned that the stages of adult attachment in a romantic relationship were equivalent to the infant-caregiver attachment process described previously. Adult pre-attachment (attraction and flirting) also includes eye contact and touch. Attachment-in-the-making (falling in love) includes couples finding comfort being together and desiring to remain in close physical contact with each other. Clear-cut attachment (loving) is where couples are more familiar with each other and being together is less arousal-inducing. Goal-corrected partnership (life as usual) is where the emotional connection between partners is not intense, but there is a profound interdependence beneath the surface. In both situations, attachment takes time to develop, and requires months of reciprocal interactions to build a bonded relationship. It was also observed that children and adults had similar reactions to separation from attachment figures.

The different attachment types predict the distinct ways love will be experienced and its accompanying levels of satisfaction, the expectation of marital relationships, and the child-parent relationship memories (Zeifman & Hazan, 1997). Parents are the models that children will use to learn how to reciprocate love; they also serve as the recipients of love and affection (Collins & Read, 1990). In the study by Collins and Read, subjects who perceived their parents as warm and responsive were more likely to

have a positive view of self and others, whereas those with unresponsive or inconsistent parenting were associated with a negative view of self and others.

“The secure adult will recall his mother as reliably responsive and loving and probably will characterize his marital relationships as one primarily based on trust, friendship, and positive emotions” (Hazan & Shaver, 1987, p. 14). Secure adults are involved in relationships with increased levels of interdependence, trust, commitment, and satisfaction (Simpson, 1990). They will also believe in lasting love and will typically think that others are trustworthy, and will feel secure and amiable (Hazan & Shaver, 1987); their marriages will be “associated with positive relationship characteristics, and the relationship should last longer” (Feeney & Noller, 1996, p. 282). It will be relatively easy for secure adults to become close to others, and for them to depend on others, and have others depend on them. They will not worry greatly about being abandoned or someone becoming too intimate with others (Simpson, 1990).

Preoccupied/anxious/ambivalent adults have a combination of both loving and rejecting attachment experiences with their mother (Hazan & Shaver, 1987). In an adult relationship, they tend to be preoccupied with the other person and battle to fulfill their unmet needs in romantic partners. Collins and Read’s (1990) study revealed that the “likelihood that the anxious subject possessed an obsessive, dependent love style were considerably increased” (p. 653). Such people will habitually and freely fall in love but will have problems finding their “true love” (Hazan & Shaver, 1987). Simpson’s (1990) study disclosed that highly anxious people reported their relationships involved less trust. For example, if their partner started to socialize more with friends, they tended to think, “See, she doesn’t love me. This mean she is going to leave me. I was right not to trust her.”

Dismissive-avoidant individuals have a positive image of self and a negative image of others. They have the tendency to emotionally distance themselves from their spouse, having a more inward life as if they were denying the importance of the loved one. Even in a marital conflict, they have the capability to turn off their feelings and not react (Collins & Read, 1990). For example, if their partner is distressed and threatens to leave them, they simply say, "I don't care."

Fearful-avoidant children often become angry and distant; their pleas for attention have been painfully rejected, and reaching out to others may seem impossible. As they get older, the avoidant adult will usually remember their mothers as "cold and rejecting," and their adult relationships are characterized by a fear of intimacy and an absence of faith in others. Attachment studies have revealed that avoidant individuals had inconsistent mothers; male subjects reported their fathers as cold, and that they had more family problems as children and adults than secure or anxious adults. They were increasingly doubtful that romantic love actually existed, and, as a result, came to the conclusion that a romantic relationship was not needed for happiness (Hazan & Shaver, 1987). Avoidant adults avoid excessive intimacy and committed relationships, so their romantic relationships are shorter and offer lower levels of gratification (Feeney & Noller, 1996). In fact, the person they want to turn to for safety is the same person with whom closeness is frightening. As a result, they have no organized strategy for getting their needs met by others.

Attachment and sexuality. Birnbaum (2007) studied how attachment orientations are associated with several areas of sexual functioning (e.g., orgasmic responsiveness, sexual arousal, intimacy during sexual intercourse), as well as related emotional and cognitive components of the sexual behavioral system. In his study, attachment avoidance was mostly associated with the relational aspects of sexuality; the

higher the avoidance, the lower the level of sexual intimacy, arousal, and excitement. Attachment avoidance was also associated with perceptions of the partner as less caring and the belief that sexual activity did not promote closeness between partners.

The study also demonstrated that it was more likely that the negative affective and cognitive profile of attachment anxiety may hamper sexual functioning. The higher the anxiety, the lower the sexual satisfaction, sexual intimacy, arousal, and orgasmic responsiveness were likely to be. Finally, this level of anxiety and lack of intimacy led these individuals to further relational difficulties. In contrast, secure individuals were less likely to be involved in one-night stands or sexual activity outside of the primary relationship, and more likely to report mutual initiation and enjoyment of sex (Birnbaum, 2007).

Mate Selection

Mate selection is an important aspect of attachment and marriage. It was important when Adam was created, and when he later found out that, being alone, he needed a companion. At that time, God provided a helper for Adam. Finding a mate for Adam was a simple task, because God was the architect of the plan for finding a spouse for His son. In the end, Adam was so satisfied with Eve that she was described as “bone of my bone and flesh of my flesh” (Genesis 2:23). Today, finding the right mate has become a more complex task, although it is an important variable in a successful marriage.

A common theme throughout history has been the influence of parents on mate selection. Nevertheless, this influence has declined and has become more indirect in Western culture. Instead of parents choosing mates for their children, children have become their own authorities in deciding with whom they will spend the rest of their lives. In contrast, Christians are divided on the issue of God’s will and mate selection.

Some Christians argue that God has one special person for everyone. Others argue that God's will in this area is not specific, and is interconnected with people's preferences and personalities. Even though human beings have the capacity to fall in love with many different people, a common Christian position is that God's sovereignty includes His plan for our relationships because He is our Creator.

Studies and theories of mate selection abound in the literature (Hazan & Diamond, 2000; Filsinger, McAvoy & Lewis, 2004; Neustadter, 2010; Tolmacz, Goldzweigh & Guttman, 2004). However, all of the formal literature on mate selection stems from either evolutionary or social psychology perspectives. The field of evolutionary psychology contributes a more empirical and neuro-scientific approach to mate selection, and does not address the factors that people, consciously or unconsciously; use to decide on a partner for a marital relationship.

Theories of evolutionary psychology view mate selection as a utilitarian requirement for reproduction of the species, and affirm the requirement that the criteria by which mates are chosen depend on whether the males will be able to provide adequate resources for the female and children, and on whether the females will be reproductively successful in providing offspring (Buss, 1998). The evolutionary theory has its limitations because it is based on the Darwinian theory of evolution. Against this, creationists believe that God created human beings with a purpose. Moreover, mate selection is more complex and is not simply limited to the reproductive function. The fact that human beings have an attachment system, something not found in most animals, and that they are hardwired for intimacy psychologically, emotionally and physically, demonstrates the limitations of the evolutionary perspective regarding mate selection.

In further contrast to evolutionary theory, social perspectives of mate selection do not view people as mating or sexual machines, but view individuals as social creatures, who bond in relationships through their attachment behavioral systems. According to Cowman (as cited by Neustadter, 2010), the mate selection process can be viewed as a story that occurs in stages from initial attraction and selection to commitment, the decision to become engaged and, eventually, marriage. The next section will present several mating theories proposing explanations for the process of mate selection.

Theories of mate selection. In his theory based on the influence of the past on parental mate selection, Hendrix (1988) proposed that in societies where love is the primary criterion for mate selection, mate choices are influenced by the unconscious mind as in “I look for someone who has the predominant character of the people who raised us” (p. 12). This theory suggested that mate selection is based on the “Imago,” that is, the image of a love partner and the attachment created early in people’s lives with their caregivers. Hendrix’s model was grounded in a psychoanalytic perspective. He located the unconscious in what he called the “old brain,” which refers to the limbic structures involved in emotion generation and regulation. A significant aspect of his understanding is that the emotional system does not function as the cognitive system does, and in particular, does not operate linearly. This means that the emotional responses to past relationships overlap with emotional responses to present relationships. From this perspective, a person’s choice of mate is based on finding someone who matches the predominant character traits, both positive and negative, of the people who raised them. “This emotional drive derives from the individual’s childhood wounds” (p. 12). As a consequence of these emotional wounds, the individual tries to heal him or herself by finding someone who will fill the gaps left by the unmet

needs of childhood. In short, the tenet of this theory is that a person falls in love because their old brain has their partner confused with their parents. The old brain believes that it has finally found the ideal candidate to make up for the psychological and emotional damage experienced in childhood.

Complementarity theory of mate selection. In terms of the complementarity theory of mate selection, people who differ in some attributes are able to provide satisfaction to others in ways that would not be possible if the differences between them did not exist. The complementary needs of an individual serve as motivation for attraction to someone who can provide for those needs, and thereby help the individual become whole. The theory does not deny the importance of various sociocultural variables, such as age, race, religion, socioeconomic status, and education for mate selection. But in the end, the actual choice is made on the basis of personality needs that require fulfillment. For example, there is a tendency for dominant persons to marry submissive persons, and for nurturing persons to marry persons who need nurturing. It appears that there is an unconscious desire to complete a perceived personal deficiency by choosing someone who can make up for what is lacking (Winch, 1955).

Similarity-attraction theory of mate selection. “Birds of a feather flock together” is an old proverb which illustrates the thinking of similarity theories. “The more similar two people are on any of a wide variety of attributes, the more attracted to each other they will be” (Parsons, 1997, p. 16). This theory is an important contribution to the mate selection literature; however, it lacks the complexity to thoroughly explain the mate selection process.

Filter theory of mate selection. Allan Kerckhoff and Keith Davis (1962) have suggested that endogamy, homogamy, and complementary needs are three different filters through which a potential mate must pass. The process involves the filtering of

similarities in social characteristics such as religion and education. The next filtering process is homogamy, which is narrower and more selective. Only those persons who have similar interests and characteristics pass through this filter. Casual dating is one means of using this filter to help individuals find out which other persons have compatible interests and characteristics. The last filter, complementary needs, is the narrowest. Whereas a number of potential mates may pass through the endogamous and homogenous filter, only a few will have the exact personality traits to motivate the individual to select that person as a future spouse.

Stimulus-values-role theory. Murstein's (1970) stimulus-values-role theory is basically an exchange theory, with three stages affecting the complex course of decision-making in the selection of a mate. This theory is similar to the filter theory, except that it conceives of mate selection as an open market in which individuals try to find the best mate they can, given what they have to offer. At the stimulus stage, factors such as physical attractiveness, social competence, and status serve to draw persons to each other on the basis of "equity of the weighted amalgam of stimulus attributes" (p. 466). In other words, the more equal the mix of these different stimulus factors, the greater the likelihood that two people will initially be attracted to each other. The next stage is the value stage, where they assess the compatibility of their standards and beliefs.

Finally, a few relationships will move to the role stage, where each person will assess whether the potential partner can fulfill their expectations of a mate. A relationship which passes through all three stages has the possibility of culminating in marriage. However, some couples skip some stages and get married nevertheless. When this happens, there is a greater possibility that divorce will occur.

Dyadic-formation theory. The last theory analyzed in this section is the dyadic-formation theory. The tenet of this theory is that mate selection develops through six stages of increasing seriousness. These are the following: 1) the perception of similarities in each other's background, values, interests, and personality; 2) establishment of rapport as evidenced by ease of communication and positive evaluations of each other; 3) openness through mutual self-disclosure; 4) anticipation of the role each would play as a marriage partner; 5) adjustment of these roles to fit each other's needs; and 6) dyadic crystallization as evidenced by progressive involvement together, the establishment of boundaries around the relationship, commitment to each other, and an emerging identity as a couple (Lewis, 1972).

None of the theories of mate selection outlined above present a definitive answer, because falling in love is a very complex process and is influenced by the attachment style of the individual. Undoubtedly, all of the theories have some validity in answering the mate selection questions that need to be considered when trying to explain the phenomenon. Nevertheless, a review of previous studies dealing with partner selection has revealed the lack of a theoretical model that combines developmental processes and specific personality patterns in the process of mate selection (Tolmacz et al., 2004). This functions as a limitation in providing a conclusive answer.

The filter theory seems to present similarities to other mate selection theories such as the stimulus-value-role theory and the dyadic-formation theory. The idea of connecting the process of mate selection with a filter carries a lot of weight, because it is exactly what happens when an individual is looking for the perfect mate. This person has to pass through the filters of propinquity, attractiveness, social background, consensus, complementarity, and readiness.

While evolutionary and social theories about mate selection concentrate on reproduction or on the social and personal preferences of the dyad respectively, it is attachment theory that guides researchers to understand the chemistry involved in initiating a romantic relationship. Romantic partnerships and infant-caregiver relationships have a similarity. They both involve time spent engaged in mutual gazing, hugging, sucking, and kissing in the context of prolonged face-to face and skin-to-skin contact (Hazan & Diamond, 2000).

Studies have shown that the chemical basis for the effect of close physical contact may be the same for lovers and mother-infant pairs. Oxytocin is an endogenous hormone that triggers labor in pregnant women and milk letdown in nursing mothers. It is thought to aid infant attachment and maternal caregiving by inducing a state of calm and contentment and by stimulating a desire for continued close bodily contact. This is the same hormone that is present during sexual exchanges between adult lovers (Hazan & Diamond, 2000). Thus, if physical intimacy triggers the release of oxytocin that stimulates a desire for bond-promoting contact, it indeed increases the chances that a mating pair will become emotionally attached.

If an eclectic approach is adopted to make sense of this complex task of mate selection, one could definitely argue, with the support of Hazan and Diamond, that the physiological and psychological changes that accompany puberty are the ones that begin the process of mate selection by motivating the adolescent to begin searching for a future romantic relationship. As individuals search for this mate, they avoid anyone who has “bad” genes or is unlikely to be fertile, or is physically repulsive for any number of reasons (e.g., wrinkled skin, sagging body parts, open sores, or gross asymmetries).

Later, proximity and familiarity with the mate further narrows the pool. Potential mates who are encountered daily, at church, or other organizations, have an advantage over those that lack proximity. Within this pool of prospective mates, individuals searching for mates are vigilant for signs of reciprocal interest, expressed in easily recognized flirtation behaviors. A slightly prolonged gaze, a smile, or a subtle violation of personal space may trigger what is called romantic infatuation. The symptoms of romantic infatuation include: mental preoccupation with and idealization of the target of infatuation and an intense longing for intimate physical contact. "This experience is mediated by the effect of a powerful chemical such as phenylethylamine, an endogenous amphetamine that also has mild hallucinogenic effects" (Hazan & Diamond, 2000, p. 195).

If mutual, the psychological and neurochemical processes that are created make the person the sole focus of the other's attention and passion, and render alternative potential mates less desirable. At this time, they begin to long for close physical contact with the one with whom they are falling in love. In turn, this physical intimacy triggers a release of hormones that boosts desires for continued contact. In time, their neurobehavioral systems become mutually conditioned to the stimulus of the mate such that they come to have a uniquely powerful effect on each other's physical and psychological well-being. When this happens, the two are attached (Hazan & Diamond, 2000). Even though not all mating relationship turn out his way, and many may dissolve before an attachment bond is fully formed, it is valid to recognize the merit that these approaches to mate selection offer in explaining the phenomenon of falling in love. The consummation of the romantic attachment is matrimony, which has several stages. The following section will describe two models of marital systems, and the influence of the

family system on the marital relationship, especially as the secure or insecure attachment style formed early in life unfolds later in the family system.

Development of the Marital System

There are several models that seek to explain the stages in the marital system. This section will discuss Duvall's eight-stage family life cycle, and the Bader and Pearson development model.

Duvall and Miller (1985) presented an eight-stage family life cycle, which utilized a combination of four factors in determining family life cycle stages: 1) plurality patterns; 2) age of oldest child; 3) school placement of the oldest child; and 4) functions and status of the family before children come and after they leave. This theory is based on the thesis that families grow and develop as their children do. However, one obvious limitation of this model is that it does not provide space for couples without children to develop beyond stage one: married couples without children.

Bader and Pearson (1988) took a more sophisticated approach to the development of an effective relationship in couples, based on Mahler's (2000) theory of infant development into identity and selfhood. The first stage of symbiosis is characterized by attachment, magnification of similarities, passion, excitement, and stimulation. In this stage, the infant lives in relationship with the mother symbiotically, without distinguishing between self and other. This stage leads through four sub stages in a process of separation and individuation, the culmination of which is the psychological birth of the child. Bader and Pearson did not assert a one-to-one correspondence between Mahler's infant stages and the stages of couple relations. However, they noted striking parallels with Mahler's stages in the development of relationships.

In the symbiosis stage, the developmental task of the dyadic relationship is bonding and falling in love. Couples at this stage emphasize their similarities; they focus on nurturing the relationship and establishing the affective bond between them. Conflicts can erupt because of enmeshment or hostile-dependent symbiosis. An enmeshed couple is characterized by a consuming need to merge, dependency, loss of trust and individuality and fear of abandonment. On the other hand, the hostile-dependent couple will develop conflict aggression as a means to maintain distance, while having low levels of differentiation. These couples are competitive and unable to negotiate (Bader & Pearson, 1988).

The next developmental stage of the couple is differentiation. This stage occurs following the secure establishment of the couple. Individuals learn to express the self clearly and openly, and boundaries are established properly. Couples face difficulties in different ways at this stage. For example, if one partner is differentiated and the other is in the symbiotic stage, the couple system will be unbalanced. The result of this mismatch of stages in the couple's relationship will be that the symbiotic partner will feel threatened and betrayed, and will attempt to draw the differentiating partner back into symbiotic relationship. In this case, the differentiated partner feels guilt and may abruptly show anger at the partner's denial of the couple's differences; they may increase efforts to define and establish a separate identity as a result of the pull back towards symbiosis. If the couple is differentiated, they will be challenged to work out the differences between them in personality styles, goals, and desires (Bader & Pearson, 1988).

The next stage of Bader and Pearson's marital model is practicing. In this stage, the couple focuses on the external world. The individual is interested in independent activities and relationships, outside the boundaries of the couple. Difficulties can arise if

one partner continues in the symbiotic stage while the other is practicing. As in the differentiated stage, the symbiotic partner will experience feelings of betrayal and abandonment, and will make extreme efforts to re-establish symbiosis. The practicing partner may react positively to the symbiotic partner, and can take a self-centered position in the relationship. Furthermore, difficulties can also arise if both partners are in the practicing stage. The danger is that both will over-invest energy in self-development at the cost of producing emotional disengagement in the relationship. In this case, the relationship could be seen as secondary and suffer neglect.

The final stage of relationship development is rapprochement. If the couple has achieved individuation during the practicing stage, they will return their attention to the relationship for intimacy and emotional connection. They will develop a high level of differentiation. However, they could face conflict if one partner is in the practicing stage and the other is in rapprochement. The practicing partner may be afraid that they are being asked to put themselves second to the relationship. The practicing partner will experience conflict between empathizing with the partner's intimacy needs versus responding to their own needs for individuation. On the other hand, the partner in rapprochement may alternate between periods of intimacy and independence. Conflict will be felt between their own desire for greater intimacy and the need to support their partner's individual development. However, if both partners are in the rapprochement stage, the stressors are typically external to the relationship, and they will support each other as they pass through difficult times (Bader & Pearson, 1988).

In spite of the fact Mahler's theory rejects the notion of autistic and symbiotic stages of infant development, Bader and Pearson's model of relationship development continues to offer a great deal to couple therapy; this is especially so when the therapist is undertaking a diagnosis and assessment of the couple in conflict.

So far, three main theories have been discussed in this chapter: attachment theory, mate selection theory and theories of various models of couples. As this section concludes, it is necessary to understand these theories as explanations of the process of developing relationships. For example, attachment theory explains the process of how an infant learns to relate to the world and develop a reciprocated self. The internal working model of this individual will shape him or her through infancy to adulthood as a secure or insecure person. Later, this person will transfer the entire emotional legacy received in the family of origin when he or she tries to form a new family unit. The process of forming a new family unit begins with mate selection and becomes finalized in marriage. The next section will discuss the concept of marriage as a subsystem of the family system.

Marriage and Family Systems Theory

Attachment theory and family systems theory interchange crucial areas of expertise and knowledge. Understanding the relationship between these two theories gives us a more comprehensive and effective basis for treatment in marital relationships. Crittenden and Dallos (2009) argued “melding the theories is logical because the theories share substantial common ground” (p. 389). Both theories conceptualize human functioning in systemic terms, avoiding symptom-based, pathological or disease-oriented definitions of problems. They understand distress in functional terms and describe patterns of dyadic and family functioning that are compatible with this understanding.

Attachment theory brings to its common ground with family systems theory three particularities: 1) a clear focus on the functions underlying presenting problems; 2) extensive empirical work on developmental process, including the development of intellect, affect, representation and identity; and 3) systematic methodologies that

translate naturalistic observation into empirically validated assessments. For its part, family systems theory brings the following: 1) a focus on complex family structures and patterns of behavior; 2) description of family dynamics in troubled families; and 3) experience in treatment and change processes.

The combination of attachment theory and family systems theory provides a needed foundation for understanding the dyadic relationship, because it yields an approach to family problems that is 1) both focused and flexible; 2) developmentally sound; 3) respectful of both individual perspectives and also those of dyads and the larger family; 4) amenable to assessment without pathologizing family experience; 5) relevant to prevention; and 6) structured so as to promote healing and adaptation (Crittenden & Dallos, 2009).

The next section will discuss marital relationships within the family system. The use of systems theory in understanding the emotional dynamic of a couple has revolutionized the field of family studies. Systems theory gives a dimension to family therapy that did not exist before, for it helps the therapist avoid pathologizing an individual because of his/her personality traits, and instead sees the role, place and effect of that individual in the context of a family system. In fact, to really assess the marital problems of an individual, it is necessary to consider the nuclear and the extended family in relation to the individual's attachment style, and also how the new family unit influences the emotional dynamic of the individual.

Systems Theory

The dyadic relationship in systems theory has a circular causation. Contrary to the linear thinking of cause and effect, systems theory argues that each family member's behavior is caused by, and causes the other family members' behavior. The behavior of each family member impacts the whole system in a circular manner. For example, when

you move any one piece of a mobile, all the other pieces move too. These pieces do not exist in isolation from one another, and “movement” in any one part of the “system” affects all the rest of the parts of the system (Friedman, 1985).

Basic concepts of family systems theory.

Homeostasis. Family systems are dynamic by nature. They are on a continuum of movement and interaction involving the members of the family unit and the environment. This dynamic is governed by patterns of rules and strategies that help to maintain what is known as homeostasis. Since the family is constantly adapting, changing, or responding to life pressures, the mechanisms ensuring homeostasis are the processes that help the family maintain a steady state despite adverse circumstances. When this balance is not present in the system, the rules, behaviors, or dynamic of the family may need to be adjusted in order to restore it. This is when a therapist is needed to help the system achieve homeostasis. “The therapist is an agent of change” (Becvar & Becvar, 1984, p. 24).

As a result of this dynamic interaction, the family system needs two processes called morphostasis and morphogenesis. On the one hand, morphostasis is the ability of the family system to maintain consistency in its organizational structure when faced with turmoil or change. On the other hand, morphogenesis is the mechanism that helps the system grow systematically over time, adapting to the changes that are introduced as the family passes through each family cycle. “The ongoing dynamic tension between trying to maintain consistency and introducing change is needed to achieve a healthy balance in the family system” (Becvar & Becvar, 1984, p. 24).

Positive and negative feedback. Furthermore, the mechanism used by the family system to facilitate morphostasis or morphogenesis is called a feedback loop. Such feedback loops are the means by which the family members communicate among

themselves and with the environment to bring about stability and growth. These structures of communication come in two forms involving negative and positive feedback.

Using negative feedback is a process whereby the system tries to maintain homeostasis in the family unit. When the output of one of the members of the family is higher than the level of acceptance needed to maintain homeostasis, negative feedback is the mechanism that seeks to ensure the homeostasis of the family. Positive feedback is the opposite of negative feedback. It is the type of communication that confirms and reinforces the direction the family system is taking. It facilitates movement toward either growth or dissolution. Positive feedback refers to praise, or any reaffirmation that homeostasis has been established. Negative feedback involves criticism or any kind of repression that tries to maintain the homeostasis of the system (Becvar & Becvar, 1984).

Equifinality. The family system is a goal-oriented organism. The system is always striving to reach certain objectives and goals. Through patterns of interactions such as feedback loops, the achievement of these goals becomes more or less reachable. The family system has the ability to adapt and grow as necessary, to accomplish its goals through different routes. This is called Equifinality. This concept proposes that the same beginning can result in many different outcomes, and that an outcome may be reached through many avenues.

Triangulation. Obviously, a lack of clear boundaries and low differentiation brings tension and anxiety to a relationship. Consequently, in an effort to bring peace and calm to a relationship, one of the members of the dyad reaches out to another person or thing to restore equilibrium to the imbalance of the system. This new relationship structure is called an emotional triangle. For example, if a couple has marital problems, the husband, rather than talking about his frustration to his spouse,

may reach out to his secretary at work for an emotional connection. Unless this individual looks for professional help, he will be on the edge of having an affair. For his/her part, the therapist, when trying to restore homeostasis in the family, must de-triangulate the system. Tension in the system between two people may resolve itself in the presence of a third person, in this case the therapist, who can avoid emotional participation with either party while still relating actively to both. Finally, when one of the individuals in tension learns how to control his or her emotional responses, and how to be close with a spouse while at the same time keeping a distance, the emotional intensity in the triangle will diminish and both will move to a higher level of differentiation. At this time, the homeostasis of the family system will be reached.

Differentiation. Differentiation is the maturity that individuals need to achieve balance between emotions and thought processes. It is within the capacity of members of the family system to accomplish a self-identity separate from their family of origin. This differentiation from the family of origin helps the individuals stop blaming others for their mistakes and enables them to accept personal responsibility for their thoughts, feelings, perceptions, and actions.

Systems theory in contemporary context. Family systems theorists argued that people are products of their contemporary context. The behavior of the individuals in a family system is influenced by the interactions among the members of the family and external social forces. Proponents of social constructionist philosophy have argued that the beliefs of the family members affect their actions, and that cultural forces shape those beliefs. For this reason, reality cannot be experienced directly. It is experienced through the concepts, thoughts, ideas, and structural understandings present in contemporary society (Becvar & Becvar, 1984).

The nuclear family is the first place where individuals interact in the contemporary context. It is the place where parents and siblings establish an attachment system to communicate and interact with one another. Depending on the attachment style and the level of differentiation of the family members, problems and conflicts will be generated in the family unit. These problems are manifested through the idea of the “identified patient.” These are the ones who are blamed for the problems in the family, or in other words, who become the scapegoats. These are the ones who usually look for therapy because they realize that something is wrong in their lives and blame themselves for the problems. The concept of the identified patient reclaims the idea that the individual of the family with the obvious symptoms is the one who is seen as “sick,” but in reality this is the one in whom the family’s stress or pathology has come to the light (Friedman, 1985).

The extended family field is another important concept in contemporary family systems theory. This term refers to the original family plus the other relatives (grandparents, aunts, uncles, cousins). The extended family field concept is important because family theory sees the entire network of the extended family as a system that has influenced the problem that the family is facing at the time of counseling. The parents in the nuclear family are someone’s children, even when they are adults, and they continue to be part of the sibling’s family system. The family system therapy approach insists on analyzing the extended family, because the emotional processes employed in the nuclear family are transferred as part of the family legacy to the siblings of the family; these emotional structures and models become part of the lives of the family members. This emotional cycle is repeated when those who were siblings of a family form a new family identity and become spouses and parents in a new family

unit. In doing so, the problems of the extended family field reappear in the new nuclear family (Friedman, 1985).

Family system structure. Family structure is defined by Minuchin (1974) as follows:

Family structure is the invisible set of functional demands that organizes the ways in which family members interact. The family operates according to behavioral and transactional patterns. Families are structured in subsystems, determined by generation, gender, and functions, which are demarcated by interpersonal boundaries or invisible structures that regulate the amount of contact with others. These structures help the system to carry on its functions. The types of subsystems that we can identify in a family system include individuals, and dyads such as husband–wife or mother–child. In addition, sex, interest, functions, and generation can form subsystems. In other words, each individual is either a subsystem or part of a subsystem in a family unit, in which the individuals have different levels of power and learn differentiated skills (p. 86).

There are two types of family systems: closed and open. The open or closed nature of the system is connected to the level of boundaries that the family has around itself and other subsystems. It is an open system when the family allows input from other systems or subsystems. The open system is in contrast to a closed system. The greater the input that is permitted into the system, the more open it is.

In the family unit, boundaries define who the individual participates with and how, as well as, the limits of his/her participation. Boundaries are important because they protect the identity and differentiation of the family. In order to maintain the homeostasis of the system, boundaries must be clear. Boundaries must be defined well

enough to allow the subsystem members to have a clear boundary to develop their functions within the system. The result of not having clear boundaries forces the system towards two extremes: rigid boundaries (disengaged) and diffuse boundaries (enmeshed). Disengagement in the system leaves people independent but isolated; it fosters autonomy but limits affection and nurturing. On the other hand, the enmeshed subsystems have diffuse boundaries. They offer heightened feelings of support, but at the expense of independence and autonomy (Titelman, 1998).

Circumplex model of marital and family systems. The circumplex model was originally developed in an attempt to bridge the gap between research, theory, and practice (Olson, Sprenkle & Russell, 1979). This model is very useful for family and marital therapies in relational diagnosis. The model is comprised of three dimensions or scales: family cohesion, family flexibility, and family communication. Family cohesion is defined as the emotional bonding members have with one another. Other aspects involved in this dimension of cohesion are coalitions, friendships and interests. There are four levels of cohesion, including disengaged (very low), separated (low to moderate), connected (moderate to high) and enmeshed (very high). Individuals in the balanced range of the circumplex model could experience connectedness and separateness. However, when cohesion levels are very high, there is too little independence. At the other extreme, there is a lack of attachment or commitment to the family.

Olson (2000) defined family flexibility as the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress. The four dimensions of flexibility range along a continuum from rigid (very low), through structured (low to moderate) and flexible (moderate to high) to chaotic (very high). However, individuals in the

central levels of this continuum are more balanced and inclined to optimal functioning. Family communication is the third dimension of the model and is not organized structurally, as systems theory is. The communicative dimension serves as a facilitative dimension, allowing couples and families to move along the two dimensions of cohesion and flexibility.

The circumplex model has four levels on each continuum. These four levels create a typology of 16 types of families, in which the four types at the center describe optimal functioning of the family and the four types at the extremes describe problematic functioning. Although specific types of families cannot be tied to specific symptoms, many families that seek therapy fall into one of the extreme or unbalanced types, such as the rigidly enmeshed family (Olson, 2000). When cohesion is too high, there is too much consensus within the family and too little autonomy and independence on the part of members. The family is characterized as a closed system, with rigid external boundaries and unclear internal boundaries between the members.

In this type of family, the level of emotion is extremely high and, as a result, the members of the family are highly reactive to each other with a lack of personal separateness and little private space allowed. Loyalty to the family is demanded above anything else and there are few outside friends. In contrast, extremely low levels of flexibility lead to rigid relationships, roles, and rules in the family. In this family structure, one individual is in charge and is highly controlling. There tends to be limited negotiation, and the leader imposes most decisions. As a result of this enmeshing, a rigid family system is not well equipped to face the challenges that the family encounters.

Family Life Cycle

In general, the life cycle is not a steady continuous process. Human beings progress in stages with plateau and developmental challenges that demand changes in the system. For this reason, understanding the family life cycle requires an understanding of the stages of change. In fact, during the family cycle, the family must reorganize to accommodate to the growth and change of its members. In addition, development in any of the family's generations may have an impact on one or all of the family's members (Nichols & Schwartz, 2006).

The first stage of the family life cycle is usually "leaving home." This is when a single young adult takes the step to leave the family and accept emotional and financial responsibilities. This involves differentiating from the family of origin and beginning to be independent financially. The second stage is the joining of two families through marriage. At this stage, the new couple makes the commitment to form a new system by leaving their families of origin and cleaving to another to form a new family unit involving relationality and particularity. In this stage, the task is to form a new family system and create a realignment of relationships with the extended family and friends to include one's spouse.

The third stage describes families with young children. At this stage, children have often arrived in the family and the parents need to make the necessary changes to adjust to the new reality. They also need to work as a team in the new task of child rearing, which will include the realignment of relationships with the extended family to include grandparent roles. Fourth, when the children arrive at adolescence, the family needs to consider increasing flexibility of the family boundaries to give the opportunity to the children to develop their identities and differentiate. At the same time the couple begins to deal with mid-life crises and the care of the older generation.

The fifth stage is “launching the children and moving on.” This is the season where the family accepts a multitude of exits from and entries into the family. In the period of the empty nest, the couple renegotiates the marital system as a dyad, and realigns itself on different fronts of the relationship to include in-laws and grandchildren. Another challenge at this stage is the fact that the couple will need to deal with disabilities and the death of parents or grandparents. The last stage is the “family in later life.” This stage forces the family to accept the shifting generational roles. Loss becomes a significant component of this stage, as individuals deal with declining physiological capacities or health, as well as the potential loss of spouse, siblings and peers. This is a time of reviewing life and accepting the fact that one’s own death is imminent (Nichols & Schwartz, 2006).

Analysis of the circumplex model of family and the family life cycle reveals that a healthy family may be characterized by number of traits: 1) ideally, parents are well-differentiated with a clear sense of self; 2) there is clear separation of generational boundaries; 3) each member of the family has realistic perceptions and expectation of the others; 4) the family encourages its members to develop their identities and autonomy and there is open, honest and clear communication among family members; and 5) the attachment style is secure, and willingly shown (Boccia, 2003).

However, even healthy families face stressors that challenge the homeostasis of the unit. These stressors can come from outward or inward sources. Inward stressors include things individuals bring with them into their families. These are connected to the transgenerational emotional dynamic that individuals received as a legacy in their family of origin. Outward stressors include developmental and unpredictable stressors. The developmental transition of the life cycle of the family can be stressful and can challenge the coping abilities of the individual in the family system. Other sources of

outward stressors may be the arrival of death, sickness and financial constraints that could jeopardize the stability of the family system.

Marriage and Conflict

Attachment theory emphasized that people's experiences within close relationships shape the beliefs and expectations that will influence their romantic relationship in the future (Feeney & Noller, 1996; Hazan & Shaver P. R, 1987; Bartholomew, 1990). As mentioned previously, in romantic relationships attachment serves as an important source of security, because it provides a safe haven and a secure base for the individual (Bowlby, 1980). From infancy to adulthood, the attachment behavior becomes incorporated into an internal working model, which serves as a lens through which the reciprocating self responds to threats to the attachment system. However, according to Reite and Boccia, and Boccia and Pedersen (as cited in Boccia, 2003), the reason that our early attachment experiences, as well as, early traumas, affect our adult attachments, is because these experiences influence the development of the underlying neurobiological system that regulates social and emotional behavior. One example of this was the study of Romanian orphans cited earlier in this chapter. Colin reported that experiences of abuse and neglect were predictive not only of psychopathology (particularly depression), but also of delayed marriage, choice of less desirable partners and more frequent divorce by the women involved once they reached adulthood (Colin, 1996).

In the couple relationship, the individual classified as having a secure representation of attachment, having experienced consistent caring responses from their attachment figure, can, as a result, effectively use their partner as a source of comfort and means of regulating emotions. In contrast, those with insecure attachment styles do not expect their attachment figure to be consistently available or responsive, because of

the negative experiences recorded in their internal working model of relationships (Bowlby, 1980).

Consequently, marital conflict may be viewed as a manifestation of the quality of the attachment bond between partners. In other words, marital conflict behaviors signify individual differences in a couple's ability to use each other as a source of support in the family, especially during times of stress and conflict (Simpson, 1990). Security and insecurity influence the individual's affective and behavioral responses to conflict. For example, secure individuals are trusting and feel it is safe to be vulnerable with their partners during disagreements, because they view conflict less as a threat to the relationship and more as an opportunity to grow. These individuals see their partners as supportive, caring and tender. They demonstrate less avoidance of conflict and verbal aggression, and use more positive behaviors. Insecure individuals perceive conflict as more negative and threatening to the attachment. They have more problematic disagreements, both perceiving and engaging in more destructive conflict than secure individuals. The couple that possesses a dismissive attachment style tends to withdraw from conflict and disengage from emotional discussion. Couples classified with a preoccupied attachment orientation have greater anxiety when discussing conflict, tend to ruminate on negative experiences and are overly concerned with re-establishing security in the relationship (Simpson, 1999).

Conclusion

This chapter examined different psychological perspectives on marriage and family therapy. The chapter was divided into three main sections: the attachment behavioral system, the theory of mate selection and the formation of the marital relationship in the family system. First, since God created human beings with the capacity to relate to Him and to others, He designed them so that they can have an

attachment behavioral system to help them live and survive in this world as they relate to other human beings. This attachment behavioral system is responsible for the formation of people's relationship styles, and is the template for relating to everyone emotionally. It involves their emotional style of connecting with others, and it guides the unconscious and conscious rules they live by, their ability to nurture themselves, and their capacity for empathy, compassion, and emotional insight. All these qualities make up the fabric of the emotional legacy individuals receive from their parents, and the quality of their present-day relationships in matrimony (Poulter, 2008).

Second, when the individual arrives at the stage of finding a mate, various processes may emerge. There are different theories that explain the mate selection process. Because finding a suitable mate is so important, the person looking for a mate must exercise care and not rush the process. Third, after finding the mate, the individual leaves both emotionally and physically his or her family and begins to form a new family unit. The emotional dynamic of this new family unit is the result of the emotional legacy that has been characteristic of the two individual's nuclear families for generations. For this reason, the family must be studied through the lens of the whole family system because all its constituent parts are interconnected, and when one part of the system is affected the rest of the system is affected as well. The next chapter will provide some perspectives on integrating these psychological approaches to marriage and family with the Biblical and theological perspectives presented in the first chapter.

Chapter 3 Integration of Biblical/Theological and Psychological Perspectives

Introduction

The previous two chapters explored biblical/theological and psychological perspectives on marriage and the family. This present chapter will seek to present an integration of these two viewpoints. The task is not simple because of the tension that has long existed between the Christian faith and science. The chapter is divided into three main sections: 1) barriers between Christian faith and psychology; 2) the understanding of human wickedness in Christianity and psychology; and 3) the integration of Christian faith with psychology.

Human beings were created in the image of God. That is, they are spiritual beings created for relationships, and spirituality is the way through which they enter the sphere of God's dimension. This is one of the reasons people feel deeply about religion and spirituality: it is part of their human nature. If people are passionate in this area, their spiritual desire can be at least as fervent as sexual desire. If they are afraid of the spiritual realm, they can be haunted by intense fears. If they are troubled by spiritual confusion, their very existence can be at stake.

In contemporary society, the fact that spirituality is an extraordinary aspect of the lives of people is often ignored. Yet spirituality is interwoven into the fabric of everyday life. For example, spirituality can be found in a piece of music, the smile of a passing stranger, the color of the sky at dusk, or when someone prays or reads about God. Spirituality is present in the way people think, feel, act and relate to others. When times of crisis arrive, spirituality is often present in the struggle to comprehend the seemingly incomprehensible, and to manage the seemingly unmanageable. In short, spirituality is one of the three dimensions of the human body (physical, emotional,

spiritual), an extraordinary dimension that helps humans understand what it means to be created by God.

Definition of Spirituality

Many meanings can be attached to the word spirituality. These meanings can range from belonging to, or having an inner devotion to, a religion or ecclesiastical institution, to having a predominantly spiritual character as reflected in a person's thoughts and life. Mohit (2009) defined spirituality as any experience or way of life, religious or otherwise, which could help the person detach from trivia, transcend and reach a calming and reassuring level of connectedness, meaning and purpose. Other authors, such as Miller (2003), defined spirituality as an attribute that does not necessarily incorporate religion. It consists of three areas: practice (prayer, meditation, etc.), belief (morals, values, deity, transcendence) and experience (of the individual).

Ultimately, spirituality is an important concept, but difficult to define, partially because it has been wrongly equated with religious activity. Kelly (1995) pointed out that although spirituality and religion can be difficult to define, both share a sense of transcendence, of "other". They differ in that spirituality is a personal connection with God, and religion involves more than spirituality, because it is connected to a creed, institution and rituals.

Spirituality is an inherent part of humanity. It is not simply connected with a particular religion or practice, because human beings were created to live in a spiritual dimension that allows them to relate to their Creator. It does not matter if people are religious or not, or if they believe in God or not. For this reason, when a patient walks into the therapist's office, he/she does not leave spirituality behind in the waiting room. He or she brings all their spiritual beliefs, practices, experiences, values, relationships, and struggles along, and these become part of the psychotherapy process. Perhaps the

patient does not recognize or accept that he/she is a spiritual being because of atheistic or agnostic beliefs. However, even though patients might not recognize or accept it, spirituality is part of their living souls and it can be ignored, but not destroyed.

According to Forman (2010), “psychology” and “spirituality” do not really describe two separate domains, but are simply two terms used to describe the same field of human nature and experience. Humans are, from the integrated point of view, inherently *psychospiritual*.

In a survey of 147 Licensed Professional Counselors (LPCs) in two Southeastern states, counselors expressed the view that it was important to be aware of their own spiritual views, and they also saw spirituality as an important change agent. The LPC participants in this survey were asked to indicate their position on the importance of including spirituality in their own counseling practice by choosing one of the following categories: not important, somewhat important, important, or vitally important. The majority of the counselors (105 in total, or 73%) indicated that using a spiritual component in a therapeutic relationship was either vitally important or important. Thirty respondents (21%) believed it to be somewhat important. Only 6% (9 respondents) described the inclusion as not important (Hickson, Housley, & Wages, 2000). This survey had a limitation since the sample came from the Southeastern region of the United States where religiosity is viewed as an important component of Southern lifestyle, rather than from a broader area. However, in spite of this limitation, the survey does point to the relevance of spirituality in the psychotherapy arena.

Some mental health professionals appear to see religion as important, often have religious beliefs and are often involved to some degree with religion. They tend to examine this dimension in their work with clients in ways that relate to their personal views, rather than because of any exposure they have had in this area in their training.

Yet despite the general interest of psychotherapists in the spiritual/religious realm, there has been, and continues to be, a tension between these two areas (Miller, 2003). The next section will consider this tension between psychology and religion.

Tension Between Psychology and Religion

History of the tension. The historical development of psychotherapy and religion needs to be analyzed in order to understand the tension that has long existed between them, and the factors that influenced this friction. During the first half of the nineteenth century, all human knowledge was widely regarded as comfortably integrated, and the social overlap of scientists and religious thinkers, along with a harmony of reflections about nature and the divine, were powerful glues holding together a single system of beliefs. For this reason, the founding figures of psychology saw no reason to separate spirituality from psychological study and practice. Pargament (2007) argued that the eminent leaders of the field, from William James to G. Stanley Hall, took the root meaning of the word psychology quite seriously (“psyche” - soul, and “logy” - study of), and focused their attention on a variety of religious phenomena, most notably conversion and mysticism.

However, by the end of the century, and as part of the Enlightenment age, scientific inquiry had developed theoretical justifications and institutional structures that were separated from the religious sphere. The explosion of intellectual and cultural diversity that emerged in the twentieth century in the wake of these independent inquiries (both in support of science and then in reaction to it), began with the breakdown of harmony between science and religion that took place between the 1830s and the 1870s. Furthermore, the introduction of Darwinism and the widespread influence of evolutionary theories after the 1859 publication of *The Origin of Species* set the terms of the debate about science and religion in subsequent decades.

Psychology began to evolve and separate from religion. Under the influence of the positivistic philosophy of the time, psychology moved quickly to ally itself with the natural sciences and thereby distinguish itself from its embarrassingly close disciplinary kin, philosophy and theology (Pargament, 2007). This tension between psychology and religion continued to develop through the years because of the understanding psychologists had about religion, reaching the point where they were able to establish psychology as a discipline separate from religion.

Zeiger and Lewis (1998) described two typical approaches that psychology has taken to address spiritual and religious issues. The first approach, which Freud and Skinner practiced, they called explanatory. The explanatory approach views religion as an external influence impacting the client. The environment determines the reactions of the client, resulting in beliefs/behaviors that are not rational. Religion, then, is not seen as credible. This approach encouraged controversy and tension between the fields of religion and psychology. Wulff (1997) described this approach as inherently critical, because it considered religion from an outside perspective and accorded it no validity. Freud viewed religion as an illusion or an expression of neurosis. Kelly (1995) described Freud's views as embedded within his human behavior theory: they related to development, to behavior that is unconscious, and to the use of defense mechanisms. Freud thought the mature person and civilization as a whole needed to abandon religion. Watson believed that the environment controlled behavior through a stimulus-response exchange (Miller, 2003). He saw religion holding psychology back in its development as a science. Later, Skinner adopted Watson's view and saw religion as the result of reinforcing stimuli, and he criticized religion in part because of the use of negative reinforcement/threat of punishment. This view of the environment controlling behavior did not allow room for the inner world of the individual inner being. In conclusion, the

attempt by psychologists to distinguish psychology from religion and philosophy was based on an image of a science built upon universal laws that explained humans and human behavior. This effort to make a distinction between religion and psychology resulted in an antagonistic stance towards religion.

The second approach psychologists took to spirituality was descriptive, and was practiced by individuals such as James, Jung, Allport, and Fromm (Wulff, 1997). This approach focused on the benefits that religion brought to the individual. Specially, a person's beliefs help him or her change and develop. This is not a concern with what causes the person to believe in something and it is an approach that lends itself to a more cooperative relationship between psychology and religion. Because the focus is on what is helpful to the individual, the spiritual and religious realm can be viewed as a potential resource for clients as they change and grow in therapy. Wulff described this approach as being more sympathetic and inner-focused in terms of how it viewed religion.

Barriers to the integration of religion and psychology. Based on this history of the tension between religion and psychology, Carter and Narramore (1979) identified several barriers to the integration of these two fields. These barriers existed on both the sides of the psychology and Christianity divide. On the side of psychology, the barriers included the following: 1) the psychologist's superficial understanding of Christianity and selected negative experiences with it; 2) the psychologist's effort to establish a professional identity that was separate from philosophy and religion on the one hand, and medicine and natural sciences on the other; 3) the psychologist's rejection of certain Christian positions; and 4) the realities of time.

The Christian barriers to integration presented by Carter and Narramore (1979) are the following: 1) the Christian's rejection of the naturalistic explanations of

psychology; 2) the difference between Christian and secular psychological views of the human being; 3) the Christian's rejection of the deterministic emphasis of psychology; 4) the Christian's concern with personal responsibility; 5) differences between Christian and secular views of sex; and 6) theology's heavy emphasis on cognition and the Christian tendency to remain aloof from strong emotions, especially intimacy and aggression.

Abernathy and Lancia (1988) indicated that a lack of training or personal religious experience may cause counselors to avoid addressing spiritual concerns, or alternatively cause them to go to the opposite extreme in becoming preoccupied with this area. Even the mention of a specific religion or spiritual practice may give rise to an intense emotional reaction (positive or negative) on the counselor's part, or cause the counselor to be drawn to or repulsed by a spiritual or religious area of concern. Therefore, it is important for mental health practitioners to be aware of their own personal perspectives within the spiritual realm.

For example, Thurrell (2000) advocated such awareness in psychiatrists in order to meet client needs. To facilitate the counselor's awareness of countertransference, Abernathy and Lancia (1988) described two types of countertransference that can affect a counselor: inter-religious and intra-religious. Inter-religious countertransference may occur when counselors perceive that they have a different religious background from their clients. They provided a case example whereby a counselor pulled away from these concerns because of a perception of being unable to fully understand the client's perspective. They acknowledged that the client may have encouraged these feelings of the counselor by openly challenging the counselor's spiritual orientation. In another case example, they stated that a counselor who had different views of a Higher Power

from those of the client, struggled with urges to convince the client to view their Higher Power from a different perspective (Miller, 2003).

Understandings of human depravity in psychology and Christianity.

Religion and psychology have two different approaches to explaining the problems of human beings, and this section will analyze how psychologists and Christian theologians understand human wickedness. Integration is not possible unless the way the root of the human problem is viewed from these two perspectives is completely understood. Theologians argue that the problem in the created world began after the Fall. Everything created before the Fall was perfect and good to a high degree (Genesis 1:31). However, the Fall of Adam and Eve damaged the image of God within them, and as a result, the wages of sin became death (Romans 6:23). The nature of sin in humanity is actually two-fold. First, there is the inherited element of sin which is often called depravity. It is this depravity that makes a human being a sinner and causes him or her to sin. Depravity is universal in humankind. People are born as sinful creatures (Psalms 51:5) and they live in a sinful state. The second element of sin is the consequence of the first one, i.e. sinful actions (Frey, 2003). People live in a sinful world, committing sinful actions and carrying over the sinful actions of other people. In short, humans are inherently sinful and, left totally to their own schemes and devices, will exhibit that sinfulness in all areas of life. "The heart is deceitful above all things, and beyond cure. Who can understand it?" (Jeremiah 17:9). The theological answer to humankind's universal wickedness is that individuals possess a sinful nature. For this reason, proponents of the Christian faith suggest a direct connection between the sinfulness and wickedness of human beings and the pathological effects of their mental health conditions.

McMinn and Campbell (2007) addressed the implications of the sinful nature in human beings for mental health issues as follows:

Without the sinfulness of our world, without the realities of war, abuse, divorce, oppression, defiance of God, bad parenting, physical illness, rebellious choices and all other forms of brokenness, then shalom would never have been shattered. No one would be depressed or anxious, there would be no neurotransmitter deficits or other chemical imbalances, no one would die of leukemia or AIDS, and lions and lambs would tumble playfully on verdant hillsides...Ideally Christian psychotherapists acknowledge the brokenness of this world and are bold enough to assert that something is terribly wrong, but remember that the sin problem is complex (p. 43).

The psychological explanation for human wickedness is completely opposite to the theological position, however. In fact, Thorpe (1960) suggested that religious restraint actually caused mental illness. According to Thorpe, one of the major hazards of being a religious person is the expectation to live in harmony with certain conservative practices and taboos which, since they increase the likelihood of manifesting behavior which is regarded as being against biblical principles, are likely to result in feelings of guilt (condemnation by the superego).

In his analysis of human behavior, Thorpe does not make any reference to sin as forming part of human behavior. A careful search of his work fails to reveal even a hint that there may be something inherently wrong with humankind, which is the principle cause of misery. Overstreet (as cited in Thorpe, 1960), presented five reasons why people fail to fit into the normal elements of society and mature properly. These are unrealistic self-estimates, unrealistic estimates of others, too much self-concern, a false concept of authority and a too meager conception of the potentialities of life.

The various schools of psychotherapists take different approaches to the concept or image of the human being. The following paragraphs will outline these approaches, as presented by Lines (2006).

In psychodynamic counseling, the humanity of a person is found in the way the human being functions at different levels of consciousness and under the impulses of largely unknown forces, some of which reveal themselves in inexplicable symptoms. These are the manifestation of defenses that have been unconsciously erected from early life to protect and safeguard the self from hurt.

In Jungian analysis, the concept of the human is of a being moving through the process of individuation, as if on a spiritual journey of selfhood, and as if living under psychic influences of the collective unconscious. In person-centered counseling, Rogers (1980) argued that the individual is the expert of his or her own life and experience, as a self in a state of becoming, and as directed by an organismic valuing process, which is in tension with the self-concept formed to survive in a social context.

The image of the person in gestalt/experiential therapy is of a self engaged in a relentless drive to meet personal needs as they arise in the environment. The self is viewed holistically in body and mind as a wholly interrelated series of activities of thinking, feeling, breathing and behaving.

The image of the person for behavior psychologists is that of a self who is principally directed and motivated by environmental factors, and is steered in behavior by dominant reward or punishment stimulants. The image of the person for cognitive behavioral counselors is of a self principally directed, or potentially directed, by reasoning and cognitive faculties. The image of the person in family therapy is of a self as a member of a unit rather than as an isolated being, as one link of an interrelated and intercommunicating system. The image of the person in existential therapy is as a finite

individual self-attempting to live out a life productively within the givens of human existence.

In conclusion, while even the most orthodox theologian might agree to some extent with these various pictures of the human being outlined above, where does sin fit into the picture? It is obvious that from Thorpe's viewpoint, sin does not exist. As described above, both Sigmund Freud and Carl Rogers denied the inherent sinfulness of humankind. Freud's most fundamental premise was that humans are not responsible for what they do; someone else is. Rogers, in his humanistic approach, believed that humankind does not need a divine revelation; humans are autonomous. He stressed human autonomy as essential to successful living. An example of this line of thinking was the way John Watson once criticized a colleague by suggesting he had returned to religious explanations. In another case, Albert Ellis described the Judeo-Christian concept of sin as contributing to most forms of psychopathology (Benner & Hill, 1999). This rejection of humanity's sinfulness is the foundational cornerstone of humanistic psychology. Thus, humanistic psychology has clearly become almost a competing religion alongside the Christian faith. There is no congruence between the Biblical doctrine of sin and humanistic psychology's dogma that man is essentially good. It seems that psychology and Christian faith are in tension when they try to answer the question about the root of the problem in the human mental health condition. The next section will try to explain how a constructive integration could be accomplished in spite of the tension between psychology and Christianity.

Integrating Psychology and the Christian Faith

The positive relationship between religion, spirituality, and mental health points to the importance of the integration of spiritual and religious concerns in counseling. Richards and Bergin (1997) summarized the findings of this positive relationship as

follows. First, religious coping behaviors assist people during stress and illness. Second, religious people have better physical health, length of life, surgical recovery and sense of well-being, as well as, exhibiting better life satisfaction, moral behavior, empathy and altruism. Third, they have less anxiety related to death, worry, neurotic guilt, depression, and suicidal tendencies, and they are less likely to use or abuse alcohol or drugs, have premarital sex or teenage pregnancies (if the religion prohibits premarital sex) and display delinquency.

Benner and Hill (1999) identified a fourth positive aspect to the relationship: both psychotherapy and religion focus on existential issues such as personal meaning, freedom, values and suffering. To illustrate, one can imagine a depressed psychotherapy client with a troubled marriage being treated by an agnostic rational-emotive behavior therapist each week, while at the same time attending religious services at an evangelical Christian church. When the client is at the therapist's office, he or she learns that it is irrational and silly to put up with a marriage that makes one unhappy. At church the same person learns that divorce is wrong and that the suffering endured in a troubled marriage can build stronger character. In this example, psychology and religion provide competing value prescriptions for similar domains of behavior. However, the counselor who is equipped to provide spiritually-informed interventions may find value and truth in both the psychological and the religious perspectives. This last section will address how some powerful religious resources, beliefs and practices could be integrated with psychology in therapy sessions.

The therapist can take one of two positions when he/she makes the integration. One position would be constructive and the other destructive. For example, many therapists that are opponents of integration, such as Adams (1979); Bodgan and Bodgan (1979); and Hunt (1987), assume a destructive position to integration because they feel

that this is the only viable option. They approach the study of psychotherapy with the assumption that each therapy model is a vision of human nature that is in direct competition with the Christian faith. They thus tackle the integration in a destructive way, by finding flaws in it so that it can be rejected (Jones & Butman, 1991).

By contrast, therapists who use the constructive mode understand that there are times when as Christians they should “demolish arguments and every pretension that sets itself up against the knowledge of God” (2 Corinthians 10:5). However, they contend that the appropriate time for such an apologetic approach to integration is when views are actually raised up against God. In short, when the humanistic views of Carl Rogers, for instance, are presented as ultimately satisfying answers to the major questions of life, the right Christian response is to point out critical flaws in the approach and to reject this view. Yet at the same time, the religious therapist who wants to stand upon a distinctive commitment to the truth and build an understanding of the person that is true, broad and complete, could validly engage in a constructive dialog with the different psychotherapy theories. The constructive view recognizes that the Bible, although containing God-inspired revelation that is infallible and authoritative, is nevertheless of limited scope because Scripture does not cover everything. Thus, the constructive approach to the integration would search out how to reasonably expand the understanding beyond what God chose to reveal in the Bible (Jones & Butman, 1991).

Constructive integration has two stages. The first one is critical evaluation. The therapist engages in a dialog with secular thought to find what may be of value in models that are not easily and obviously compatible with a Christian stance. This first stage should be followed up with the second stage, i.e. theory-building. This is the stage where the therapist develops new and different theories to incorporate these insights. He

or she needs to propose new hypotheses and theories for scholarly examination, ones that contain the imprint of the Christian presupposition (Jones & Butman, 1991).

Tan (1990) described three types of constructive integration of spiritual or religious concerns in therapy: implicit, explicit, and intentional. Implicit and explicit integration were placed at opposite ends of a continuum of addressing these issues in counseling, while intentional integration was more of a description of the counselor's process of integrating these concerns.

Implicit constructive integration is at the covert end of the continuum. It does not involve the stimulation of discussing religious or spiritual ideas. It does not use spiritual resources (prayer and Bible texts) in a direct or systematic manner in counseling. Yet this end of the continuum does recognize that values are a part of counseling and clients may need assistance finding meaning for their lives. Also, clients may discuss concerns related to spiritual or religious perspectives. Explicit constructive integration is at the overt end of the continuum, addressing spiritual or religious views in counseling. The counselor does address spiritual or religious concerns directly and in a systematic manner, as well as, making use of resources such as prayer, texts, religious practices, or referrals to religious leaders and/or institutions.

Intentional constructive integration is where the counselor decides to use either implicit or explicit integration with a client, depending on the following factors: the client, the client's needs, the client's problems, the counselor's training and the counselor's inclinations. The counselor is professional, ethical and sensitive with regard to the welfare of the client as spiritual and religious concerns are addressed in counseling. This means that the client has provided the counselor the consent to address these issues, in other words, the client has given the counselor permission to address spiritual concerns.

Carter and Narramore (1979) outlined several important assumptions that they used to develop an intentional constructive integration. All truth is God's truth, and consequently the truths of psychology should not be contradictory to the truth of Christianity. God's revelation in the Bible focuses primarily on human nature and its salvation. By contrast, psychology is concerned with the mechanisms people use to process their behavior and thinking, and how to influence that functioning.

In an effort to integrate Christian faith with psychology, Carter and Narramore (1979) compared the major areas of systematic theology and psychology. They argued that Biblical anthropology corresponds to personality theory in psychology, in that biblical anthropology explores the extent of similarity between humans and animals, the meaning and significance of being created in the image of God, and asks whether human behavior can be reduced to and explained in purely physiological terms. In addition, this approach looks for similarities between spiritual and psychological maturity.

Hamartology deals with the theology of sin and corresponds to psychopathology, according to Carter and Narramore (1979). Hamartology and psychopathology both speak about loss of functioning, loss of potential, and/or inappropriate behavior. Hamartology addresses the questions about the nature and cause of sin, the nature and cause of psychopathology, the relationship between personal responsibility and social and parental responsibility, the difference between direct, conscious and unconscious sin, and the implications of the differences. In addition, hamartology is also concerned with addressing the difference between believers and non-believers in terms of psychological health.

Soteriology corresponds to developmental psychology, according to Carter and Narramore. The integration of soteriology with psychology helps the Christian therapist

understand the process of growth and development from birth to maturity, whether this be spiritual or natural. In relation to psychology, soteriology tries to answer the following questions. Are biblical teachings on personal growth and maturity simply statements of universal natural principles of growth or are they unique to those that have a Christian faith? Do personality changes have anything to do with the regeneration and conversion of an individual? What is the influence of forgiveness on personal guilt?

The authors integrate the theological disciplines of Christology and pneumatology with counseling as a means of transformation and healing. In doing so they address the following questions: Can Christ's relationship with others be seen as a model for therapeutic counseling, and if so, how? What are the implications of Christ's three-fold role as Prophet, Priest and King for a Christian therapist? What is the significance of the Holy Spirit being called the Counselor, and to what extent is His ministry a model for human counselors? If the Holy Spirit is the Counselor for human beings, why do some Christians still need a human counselor? What should the Christ-like attitude of a Christian counselor be?

Carter and Narramore (1979) identified ecclesiology with social psychology, an integration that addressed issues regarding relationships between individuals and groups. Three ecclesiological concepts are relevant in social psychology: *ecclesia*, *koinonia*, and *agape*. Questions raised include the following: What is the biblical pattern for growth-producing personal relationships and how does this relate to current social psychological thinking? How does research on interpersonal attraction and friendship relate to the commandment that Christians are to love their neighbors as they love themselves? How does the biblical model of church government and the concept of spiritual gifts relate to the principles of organizational structure and social roles? If the

Bible presents the church as a loving community, why are people looking outside the church for connection and relationship?

Finally, eschatology is identified with a psychology of motivation, because the Bible presents the end-time for Christians as their supreme hope. The motivation of believers is not found in this world, which will soon come to an end, but in the establishment of the Kingdom of God on this earth. In their integration of eschatology and the psychology of motivation, Carter and Narramore (1979) explored the following questions: What is the role of hope in both human motivation and emotional adjustment? How do the eschatological beliefs of the Christian faith serve as a positive motivation for growth? How does the psychological perspective of responsibility relate to the biblical concept of accountability?

In conclusion, there are two ways to approach the integration of Christian theology and psychology: either constructively or destructively. Some authors, such as Adams (1979), Bodgan and Bodgan (1979), and Hunt (1987) assumed a destructive position, because they felt that this was the only viable option for keeping the truth of God from the corruptive secular thinking. However, other authors, such as Carter and Narramore (1979), Balswick and Balswick (1994) and Kirman (1999), demonstrated the range of responses that Christian psychologists have made to the question of a constructive integration of psychology with the Christian faith. While these authors do not negate the idea that God is the originator of the truth, they nevertheless uphold the belief that it is possible to integrate the truth found in both perspectives, especially when the Christian therapist acknowledges God as the center of all truth. In the next section, attachment theory and Emotionally-Focused Couple Therapy (EFT) will be integrated with a Christian position.

Attachment theory and the Christian faith. As argued previously, the problem with human beings has to do with the fact they are created into the image of God, but that after the Fall, this image was distorted. According to adherents of the Christian faith, the sinfulness of human beings is at the root of the problems they experience, physically, spiritually and psychologically. Humans have broken relationships with their neighbors because they have a broken relationship with God. They have sickness and difficulties because they live in a sinful state. All problems connected with the human condition can be traced back to the distortion of the structural, functional and relational image of God in humanity. However, the good news is that Paul argued that the image of God could be restored through the power of the Holy Spirit (2 Corinthians 3:18). To aid in this process, psychotherapy and theology need to be integrated.

The relational aspect of the image of God helps in understanding the essence of human existence. Human beings were created to develop an attachment relationship with God and neighbor. This attachment behavioral system is responsible for regulating relationship in human life. Bowlby (1973; 1980; 1982) argued that the attachment of a child to his/her parent is very influential in the quality of future relations of the child. This theory is the link that integrates the psychological and the biblical perspective on marriage. The theory is concerned with the bond formed in close relationship from infant-caregiver to adult romantic partnership in personality and interpersonal functioning, psychopathology; affect regulation, and coping ability (Cassidy & Shaver, 1999). Even though Bowlby (1973; 1980; 1982) did not address the biblical perspective in his theory, the elements of his theory are in agreement with relational aspect of the image of God.

God created human beings to have a secure attachment with Him and with other selves. As long as Adam had a secure attachment with his Creator, he also had a secure

attachment with his closer neighbor, Eve. A secure attachment is connected to positive mental health, superior relationship functioning, stronger coping ability, and, overall, with better well-being. When the secure attachment with God was broken after the Fall, another type of attachment, which never existed before, flourished. This was the insecure attachment. This negative type of attachment corresponded with the sinful nature of human beings, less positive functioning, and, overall, with poorer well-being (Tuskenis & Ford, 2006). The mission of God for the human race is to bring them back to the same type of attachment as existed before the Fall, restoring His relationship with human beings so they might enjoy restored relationships with other selves. This act of complete restoration will reproduce the secure attachment that existed before the Fall. The religious therapist should strive to take every broken heart and restore its relationship with both their Creator and their neighbor. This is the beginning of the restoration of the image of God. The functional and structural image of God will be restored when people restore their relational image with their Creator first. The following section will discuss the integration of attachment theory with a Christian worldview.

The analogy of the connection between religion and attachment theory was acknowledged by Reed (1978) who noted “every form of attachment behavior, and of the behavior of the attachment-figure, identified by Bowlby, has its close counterpart in the images of the relationship between Israel (or the Worshiper) and God; for example, the psalms” (p. 14). Kaufman (1981) discussed the tremendous psychological importance of secure attachments and noted that unfortunately, humans are at best limited and fallible attachment figures. He added the following striking statement concerning the idea of God as an absolute adequate attachment-figure:

We need not to debate here whether mother-imagery or father-imagery would be more to the purpose: the point is that God is a protective and caring parent who is always reliable and always available to its children when they are in need (p. 67).

Ainsworth (1982) summarized four defining characteristics that are widely acknowledged to distinguish attachment relationships from others types of close relationships. These same characteristics could be used to demonstrate that God is the attachment figure for all human beings. Ainsworth's characteristics of the attachment figure are the following: 1) the attached person seeks proximity to the caregiver, particularly when frightened or alarmed; 2) the caregiver provides care and protection (the haven of safety function); 3) the threat of separation causes anxiety in the attachment person; and 4) loss of the attachment figure could cause grief in the attached person. The first characteristic of seeking proximity could be seen as something that is not related to God, since God is not present physically. However, in his second volume, Bowlby (1973) moved away from a definition of the set point of the attachment system in terms of physical proximity to a more psychological view: "by presence is meant ready accessibility, by absence inaccessibility" (p. 23). He later clarified this point saying that in order for the attachment figure to provide a sense of security to the child, the attachment figure must also be perceived as responsive.

Ainsworth (1982) observed that the nature of attachment behavior and what counts as proximal, change over the course of a human's development. For example, during the first six months of life, infants depend heavily on proximal behavior to initiate and maintain contact with their mothers. Later, this proximal behavior is little by little replaced with more distal behaviors as children mature. The communication of a soldier with his or her family at home is an example of psychological proximity that is

experienced as people grow emotionally. People use different methods to retain proximity with God as an attachment figure. However, the most widely used behavior to keep proximity with God is prayer. Reed (1978) argued about prayer and proximity seeking when he said, “crying and calling [by an infant] find a close parallel in supplicatory prayer. The prominent place of prayer in most religions is perhaps the most striking point of contact with Bowlby’s observations” (p. 15).

When a religious person prays, he or she believes that he/she speaks with a God who is present, personal and responsive. Another way to seek psychological proximity with God is by going to a church or similar place to worship the Creator. When people arrive at this sacred place, they sense a psychological proximity with their God. These psychological experiences help people to see God as an attachment figure.

The second characteristic of an attachment relationship is that the caregiver provides care and protection, or safe haven. In a psychological sense, God could be seen as a haven of safety for those who seek him as an attachment figure. According to Bowlby (1973), there are three classes of stimuli that activate the attachment system: 1) frightening or alarming environmental events; 2) illness, injury, or fatigue; and 3) separation or threat of separation from attachment figures. People under any of these circumstances turn to God as their psychological attachment figure in order to find hope and peace in the midst of the turmoil. Hood, Spilka, Hunsberger, and Gorsuch (1996) supported the notion that people turn to their gods in times of trouble and crisis. In their research, they presented a similar list of potential triggers as the one presented by Bowlby (1973): illness, disability, and other negative life events that cause both mental and physical distress; the anticipated or actual death of friends and relatives; and dealing with an adverse life situation.

The third characteristic of attachment is that it can be activated in times of death and grieving. Loveland (1968) articulated that bereaved persons feel more religious and engage in more prayer than they did prior to the death. The reason that the death of an attachment figure is so traumatic is because human beings were not created to die. The role of religion in coping with bereavement is probably one of the principal factors underlying the widely observed finding that religiosity tends to increase as people reach their later years (Kirkpatrick, 2005).

Ideally, religious people (although not all), are able to internalize God as a secure base and as someone who will be present in time of troubles. Bowlby (1973) said that the availability of a secure base is the antidote to fear and anxiety. He argued the following:

When an individual is confident that an attachment figure will be available to him whenever he desires it, that person will be much less prone to either intense or chronic fear than will an individual who for any reason has no such confidence (p. 202).

The secure-base messages are clearly evident throughout much of Christian Scripture, particularly in the Psalms. One example is Psalms 23: “Yea, though I walk through the valley of the shadow of death, I will fear no evil: for thou art with me; Thy rod and thy staff, they comfort me.” In short, from an attachment perspective, the benefits of a personal relationship with God stem from God’s function as a supportive attachment figure.

Kirkpatrick and Shaver (1992) found that attachment to God could be assessed in terms of the same styles as attachment theory, such as secure, avoidant and anxious-ambivalent. In their research, they asked respondents to choose one of three paragraphs that best portrayed their personal relation with their God. One described secure

attachment, one avoidant, and the other anxious-ambivalent. The participants of this research who were considered secure were those who chose the paragraph stating that their relationship with God was “warm” and “comfortable,” one they were “very happy” and satisfied with, and that God was “supportive and protective,” but who also knew “when to let me make my own mistakes” (p. 270). The avoidant participants said that their relationship with God was “impersonal” and “distant,” that they experienced God as disinterested in their personal problems, and that God didn’t care very much about them, or might not like them (p. 270).

Finally, those with anxious-ambivalent attachment to God agreed that God “sometimes seems very warm and responsive to my needs, but sometimes, it seems that God does not love me and care about me, but sometimes He seems to show it in ways that I don’t understand” (p. 270). Overall, this research showed that, just as with interpersonal attachment, a person’s style of attachment to God is associated with how and whether the person relies on God as a source of support when dealing with stress.

According to Cole and Pargament (1999), there are three spiritual coping styles that are particularly relevant to spiritual attachment: the collaborative, deferring and self-directing styles. The collaborative style, most often used by those with a secure spiritual attachment style, is based on viewing God as a partner in the coping process. It consists of working together with God in finding meaning for personal problems in difficult situations, and sustaining oneself emotionally during stressful times. The deferring style, not clearly associated with any spiritual attachment style, consists of lessening attempted personal control, and instead turning over to God the primary responsibility for dealing with stressful situations. The self-directing spiritual coping style, used most often by those with avoidant spiritual attachment, is based on the idea of a God-given independence and responsibility; it consists of relying primarily on

oneself, rather than God, in dealing with personal problems and moments of turmoil. All these coping styles differ in terms of how much they help people cope with the difficulties in their life.

Integrating Emotionally-Focused Therapy with the Christian faith.

Attachment theory has been a beacon in the understanding of close relationships. The influence of attachment theory has been so primordial that it has become the theoretical foundation for Emotionally-Focused Couple Therapy (EFT). EFT originated in the early 1980s as a response to the lack of couple interventions found in a more humanistic and less behavioral intervention. It was called EFT to draw attention to the crucial significance of emotions and emotional communication in defining the experiences in close relationships. Until that time, emotion was not an integral part of therapies. Emotion was viewed as a secondary complication in the field of behavioral or cognitive psychology, and as something that disrupted the process of change in therapy (Johnson, 2004).

EFT is an integration of three main psychological theories: experiential/gestalt, interactional/family systems approach and attachment theory. At the same time, it is a constructive approach because it focuses on the ongoing construction of present experience. In addition, it is a systemic approach because it focuses on the construction of patterns of interaction with intimate others.

The effectiveness of EFT has been validated by a mass of researches. The meta-analysis found that EFT demonstrated a very healthy and encouraging effect. Couples included in this analysis showed a 70-73 percent recovery rate from marital distress in 10 to 12 sessions of therapy, and a 90 percent rate of significant improvement. This compares with a 35 percent recovery rate for couples receiving behavioral interventions. In addition, EFT does not seem to have a problem with relapse after treatment

termination, something that has been identified as a major problem in the behavioral interventions (Johnson, 2004).

Mutter (2005) evaluated the degree of “fit” employing Emotionally Focused Couple Therapy as an appropriate counseling methodology for clergy and Christian counselors. His study was conducted counseling couples who have experienced an “attachment injury”. He concluded that even though the exemplar did not explicitly incorporate either the use of scripture, prayer, religious homework, or spiritual themes such as forgiveness and mutuality in marriage, EFCT continued receiving high ratings because the model is still very effective to the committed evangelical believer.

Influence of experiential perspective. EFT uses the experiential perspective as a crucial element of the therapy. This approach focuses on emotional responses as the process of therapeutic change. EFT shares particularities with traditional humanistic approaches. EFT is based on the following premises of experiential therapies: 1) the therapeutic alliance is healing in and of itself, and should be as egalitarian as possible; 2) the acceptance and validation of the client’s experience is a key element in therapy; 3) the ability of human beings to make creative, healthy choices, if given the opportunity; 4) the examination of how inner and outer realities define each other; 5) that people are formed and transformed by their relationships with others; and 6) the fostering of new experiences that emerge as the client encounters him/her self in the here-and-now of the therapy session (McFee & Monroe, 2011).

A constructive integration of the humanistic perspective with a Christian approach will acknowledge the relevance of some premises of the experiential/gestalt perspective. However, it is also important to recognize the points that are against Scripture and where EFT will not benefit a religious patient. No theory derived from secular paradigms will be consistent with the biblical standard on all levels. In fact,

there is no single Christian counseling theory with which to compare EFT, just as there is no single theology within the Christian tradition. However, in every psychotherapy theory there are elements that are consistent with biblical literature. Equally, this theory contains concepts and ideas that are against the truth of God (Yarhouse & Sells, 2008).

Yarhouse and Sell (2008) argued that a number of Christian thinkers view the humanistic perspective as essentially Christian, even though its originators did not intend it as such. "Aspects of the humanistic tradition as well as the systemic and psychodynamic perspective, incorporate ideas that are compatible with Christian thought" (p. 211). Lewis (1972) articulated that though truth and falsehood are in opposition, truth remains the standard to measure falsehood. Applying this concept to the integration of EFT with Christian faith, it could be said that the ideas that are contrary to central and foundational biblical theology can still be shaped and molded from a truthful model. Therefore, the tenet of the humanistic perspective of EFT mentioned above could be studied in the light of a Christian worldview and integrated for religious patients.

As a first tenet, humanistic and Christian approaches agree on the importance of the therapeutic alliance as a healing mechanism. People were created for relationship. The heart of the universe is a relationship. God was the first one to say that it was not good for a human being to be alone (Genesis 2:18). Human beings are alive in a relationship. Since they were created into the image of God, relationship gives meaning and significance to their lives.

The second tenet of EFT is the acceptance and validation of the client experience. A constructive Christian integration of EFT stresses the primacy of warm, empathic and genuine relationship, thoroughly grounded in an understanding of agape love. Oden (1968) agreed that unconditional positive regard, mediated through a good

psychotherapeutic relationship, was the secular translation of the Christian understanding of redemption. Ellens (1982) recognized the emphasis placed on grace in the humanistic perspective. However, Christian love warmly embraces sinners, in gracious and unconditional acceptance, but does not cease to be firm and hold the self and others accountable before the truth of God. A constructive integration will have acceptance and validation, but will also be “pruned” in the process of its growth by God’s discipline. In the humanistic perspective, there is no discipline, but the Scripture says in Hebrews 12:7-10 that God disciplines because he loves His creatures and wants to help them to grow (Jones & Butman, 1991).

The third premise of the humanistic approach is the ability of human beings to make creative, healthy choices, if given the opportunity. This aspect of humanistic philosophy is connected with the structural dimension of the image of God. The structural image of God talks about the capacity that people have to create and procreate, and the ability to build, think and strive for a better life. God created human beings only a little lower than the angels (Psalm 8:5). Therefore, they have the mental capability to reach their potential. At the same time, it is important to acknowledge that because of their sinful nature they are limited and full of vulnerabilities. For this reason, they can do everything through Christ (Philippians 4:13), and at the same time they cannot do anything without God (John 15:5). This is a major opposing point between the humanistic and the Christian perspective. The humanist theory argues that people can build their own reality without God, because they are god. However, God says people were not created to live in isolation from their Creator, but in an intimate relationship with Him (Jones & Butman, 1991).

The fourth tenet is the understanding that inner and outer realities define each other. That is, the inner experience of people evokes different types of responses, which

help the individual organize the world in different ways. These patterns of interaction then reflect, and in turn shape, inner experience. The EFT helps the clients to reorganize their inner world and their interactional dance. However, one of the flaws of the humanistic approach is that it fails to recognize the human capacity to know and to be known. It is true that reality shapes people's lives and gives meaning to their experiences, but these are not the ultimate truths of reality. People's realities are based on God. God is the ultimate reality for human beings. Since a true understanding of a person's self depends on a deep appreciation of a reality that is external to them, for instance God, they must become fully aware of their limitation in order to understand their reality as separated from God (Jones & Butman, 1991).

Fifth, people are formed and transformed by their relationship with others. This tenet is in harmony with the Bible. The reason for human existence is to live in relationships, and touch other people's lives. Relationships have a way of influencing the people that are connected in the relationship. The Bible says that evil company will corrupt a person's life (1 Corinthians 15:33). On the other hand, good company will transform life.

Lastly, and sixth, is the fostering of new experiences that emerge as the client encounters him or herself in the here-and-now of the therapy session. Existentialism is concerned with issues of life, death, and finitude, affecting the couple or the individual's life in the present moment. The Bible speaks about the importance of the present moment saying, "now is the accepted time" (Corinthians 6:2). People cannot depend on tomorrow because God is the only one that knows about tomorrow.

However, people's decisions today will determine the outcome of their life tomorrow. In addition, the past of a person's life influences their present. Paul spoke about the influence of people's present decisions saying, "do not be deceived: God

cannot be mocked” (Galatians 6:7). A person reaps what he/she sows. The humanistic thinker sees a human as someone who has a secular spirit, of losing him/herself, exhausting him/her/self, seeking his or her own creation, the here-and-now, not recognizing that one day he/she will have to appear before the throne of God. A person in rebellion against the revealed law-word of God for the here-and-now, is ignoring the places of authority God has put in human life. This secularist spirit is against the knowledge of God. Even though EFT based its therapy in the here-and-now, a thoughtful therapist will broaden this humanistic concept and explain to his or her clients the way that their decisions today will impact their lives tomorrow.

Influence of the systemic theory. EFT is not only influenced by a humanistic philosophy, but also by what is considered the other half of EFT, a systemic theory. In system theory the focus of the therapy is on the interaction that occurs between members of the system. The symptoms of the problem that couples bring to the therapy session are the result of the negative interaction that the couple experiences at home. For this reason, family system therapy emphasizes that the therapist must attempt to interrupt the repetitive cycles of interaction among family members that include problem/symptomatic patterns of behavior. The following is a list of the premises of family system theory that EFT follows: 1) causality is circular; 2) family system theory considers behavior in context; 3) the elements of a system have a predictable and consistent relationship with each other; and 4) all behavior is assumed to have a communicative aspect. In other words, what is said, and the manner in which it is said, defines the role of the speaker and the listener.

Family system theory presents elements of compatibility with the Christian faith. For example, family system theory allows for both plurality and unity. This concept is embraced by the Christian community because Christians also believe in both plurality

and unity as expressed in the Trinity. The concept of the image of God will encourage the Christian therapist in that a balance of unity and diversity can also be produced within human relationships. Family system theory emphasizes the concept of forgiveness and coming to terms with the family of origin as well as the extended family, as stated in Matthew 7:1-5.

The notion that the couple could give each other only what they have received is another emphasis of this theory. Peter's example in Acts 3:6 speaks about this concept: "Silver and gold have I none, but such as I have, give I thee." God is the one who produces the gifts in the couple and they have to use them to benefit their spouse. Bowen (1966) argued about the importance of marital health in order to achieve a balanced family system. The Bible also gives priority to marital health, since marriage was God's invention. The Bible compares the relationship of Christ with His church to a healthy marital relationship (Ephesians 5:25).

However, there are some key elements articulated by family system theory that are not supported by the Christian worldview. In system theory, social constructivism is granted priority over the nature of spiritual formation as found in the Scripture. Humankind and nature are seen as self-defining rather than the result of the work of the Creator (Psalms 18:28; 39:9; 49:19-20). Family causation plays an important role in the system, but a Christian therapist should have caution in not taking it as an autonomous value to be embraced. God should be the final answer to the individual's reality.

Finally, the "enemy" or the problem is too easily seen as external rather than being identified as part of the effect of the sinfulness of the human beings. In short, EFT synthesizes experiential and systemic approaches, combining the intrapersonal and the interpersonal. The function of the EFT therapist is to reprocess the couple's emotional experience and use the emotional expressions to create a shift in their negative pattern

of relationship. In addition, the therapist comes as a choreographer to introduce new interaction in the dyad, which evokes new emotional responses in the partner (Johnson, 2004).

Emotions as a core change. Emotion is seen in EFT as the prime player in the drama of relational distress. Emotion is responsible for organizing the attachment behavioral system, orienting and motivating responses to others, and for communicating needs and longings to others. The objective of EFT is to produce a new corrective emotional experience of engagement that could facilitate a new experience. As Johnson (2004) said “unfolding key emotions and using them to prime new responses to one’s partner in therapeutic enactments is the heart of change in EFT” (p. 13).

The Christian view of emotions is that they are often a faithful reflection of what people believe and value. Emotions are part of the created image of God. An EFT Christian therapist recognizes that God requires people to have faithful feelings as He freely commands them. However, God also demands that they change feelings that are contrary to biblical principles. Emotions represent the reality of people’s faith, and God has promised in the Bible that those who believe in Him will receive a new heart, as stated in Jeremiah 31:3. Emotions are the most intense, vibrant, and the most pervasive things human beings feel as they are based in the most important commandment in life: “Thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy mind, and you shall love your neighbor as yourself” (Matthew 22:37,39). The goal of a faithful Christian is to conform his/her emotions to the truth, and to have the mind of Christ. Having the mind of Christ means having the emotions of Christ. Romans 12:1-2 speaks of renewing the mind. This renewing of the mind implies a renewing of the emotions, for the emotions are based on how people think and process their interaction with others. In short, the EFT understanding of emotions is in agreement

with the Christian view, and as a result it is a powerful instrument of change in the hands of a Christian EFT therapist.

Conclusion

Human beings are created in the image of the Creator. As a result, they are intensely complex beings. No psychology textbook could fully explain the incredible beauty of the human makeup, and no theology textbook could detail in sum all the aspects of what it means to be made in the *imago dei*. A Christian therapist must acknowledge that a complete integration between Christian faith and psychology is not possible. However, a constructive integrative approach to this tension will help the Christian therapist present a broader spectrum of the truth about these perspectives. EFT allows the integration of these two perspectives. Even though EFT is based in a humanistic worldview, an intentional constructive approach will permit the therapist to use elements from science that are not against the biblical principles, and those ideas that are contrary to the central and foundational biblical theology can still be shaped and molded from a truthful therapeutic model.

Chapter 4 Perspectives on Assessment and Diagnosis

Introduction

Assessing and diagnosing troubled human beings is a complex endeavor. Only the Creator can make a complete assessment of human beings because He is their Maker. People cannot fully measure something that they do not fully understand. For this reason, there is no theory that can satisfactorily explain human nature and the human condition, because people cannot fully describe that which they have not created. The assessment and diagnosis of any human being is thus a task that stretches human understanding and therefore must be undertaken with humility.

Nevertheless, God has called imperfect human creatures to serve him as instruments of change in their role as therapists, and couples psychotherapy cannot be carried out without proper assessment and diagnosis of the problem. Assessment and subsequent case conceptualization are extremely important activities for a successful therapy process. This chapter will cover these three areas: 1) human nature and psychopathology; 2) the process of assessment and diagnosis in therapy; and 3) Emotion-Focused Therapy (EFT) and assessment.

Human Nature and Psychopathology

In order for a Christian therapist to make a sound assessment of a couple or family, he/she should have a framework founded on a biblical anthropology. The Bible does not present a systematic doctrine of human nature, but nevertheless presents significant insights into the human condition. The understanding of humanity that the Bible teaches can be summed up in the words of Paul: “The first man is of the earth, earthy, the second man is the Lord from heaven” (1 Corinthians 15:47). That is, as was the first earthly Adam, so are we in our physical condition. At the same time, human beings also possess the characteristic described in Genesis 1:27: “God created man in

His own image.” As discussed in Chapter 1, the notion of the image of God has been interpreted in terms of three different dimensions: the functional, the structural, and the relational. God created humans to relate to Him because He is a relational God, but He also created them to relate to other selves. In order for humans to relate to their Creator and to other selves, they need a structure in terms of which they can think, create, function and construct realities. Human beings are thus relational creatures with an inbuilt structure that allows them to connect with other beings and fulfill their function and responsibilities in this world. However, the perfect creation of God was damaged after the Fall, and the image of God was shattered in his creature. After the Fall, Adam and Eve hid themselves because of their nakedness. The result of their disobedience was a broken relationship with God and with one another.

Arguing from a psychodynamic perspective, Carter (1994), suggested that the two interpersonal rifts of Adam and Eve, between themselves and with God, would seem to imply an internalized split within the human being, something that continued to manifest itself in succeeding generations. While the story of the Garden of Eden does not identify such an internal split, Jeremiah 17:9 asserts, “The heart is deceitful and desperately ill, who can know it?” This statement postulates a split within a person, with one part unknown or unknowable to the other part. The Apostle Paul also pointed to a major internal split within the person, characterized by the conflict between good and evil, or the law of God, and the law of sin (Romans 7:14–25). In sum, all of these splits and rifts within and between persons correspond to the primary meaning of death in the Bible, which is separation rather than cessation. With the Fall, Adam and Eve did not cease to exist, but instead became separated from God and from each other. All humankind is now “dead” (separated from God) in trespasses and sins (Ephesians 2:1); and alienated by nature from other selves.

As a result of humanity's sinful nature, God gave humanity over to a "depraved mind, to do what ought not to be done" (Romans 1:28). Thus, because of their sin, people's thinking became "futile," and their "foolish hearts were darkened" (1:21). Human beings became disordered and no longer functioned as they were intended to function. People's thoughts, emotions, behaviors and relationships are not what they should be, what they were created to be. This world is deformed by sin, and people treat one other in sinful ways, struggling to live and to function in this reality.

Everyone carries the mark of Adam and Eve's sinful action. There are two responses to the sinful reality of people's lives. Some people adapt to their sinful reality and find ways to function and even thrive. However, others find it very difficult to cope. Yarhouse and Sells (2008) expressed this idea in a profound though saying: "For reasons not yet fully revealed to us by God, some are allowed to experience a life relatively free from pain and trial, surrounded by supportive relationships, while others suffer oppression, abuse and deprivation" (p. 58).

Three Ways to Approach Psychopathology

Psychopathology is the scientific study of mental disorder, and it has been organized into three approaches: two etiological (psychodynamic and phenomenological) and one non-etiological (behavioral). These three approaches are also known as the innate, acquired, or functional approaches (Carter, 1994).

The innate approach is primarily psychodynamic in its nature. This first approach focuses on omnipotence, narcissism, or striving for superiority as the basic drives of human motivation. These strivings are part of the universal human condition, which pre-exists and motivates all particular symptoms of behavior, whether pathological or normal. As argued by Freud, all symptoms are considered the result of a regression to the point of an earlier conflict or fixation.

Alfred Adler also took this approach. In his view, every child is inferior—physically, emotionally, and intellectually—as a result of his or her very nature as a child. This inferiority leads all people to function with one generalized motive: the striving for superiority or the striving to overcome perceived inferiority. There are three particular circumstances that predispose the individual to a pathological lifestyle: actual pampering, physical handicap, and neglect. The ways that people respond to these conditions predetermine a pathological lifestyle. Normality is the striving to overcome inferiority with others, that is, it is the expression of a social interest within a general social community (Carter, 1994).

The second group of psychological theories describes psychopathology in terms of an explicitly acquired internal fracture within the person. For example, Rogers (1980) described the brokenness in the relational dimension of the image of God when he wrote about the infant's interaction with his/her caregiver and his/her self-actualization. The motivational tendency of the infant is influenced by maturation and growth. The infant also has an inherent organismic valuing process, which helps in the process of self-actualization.

Consequently, experiences with the caregiver that are congruent with organismic value are sought to further self-actualization. When parents or caregivers do not unconditionally and positively regard the infant or child, the offspring feels rejected and seeks different ways of coping with this abandonment experience. In time, the child comes to regard his or her self the way he or she was regarded—as unlovable. When this state is reached, conditional worth is internalized. Now, the child has acquired a competing valuing system, which directs him or her to seek self-experiences that are congruent with the acquired conditions of worth. There is a basic conflictual split between the organismic valuing process and the acquired conditions of worth.

Consequently, the incongruence between self-actualization and the motive to fulfill the conditions of worth produces anxiety and attachment issues. These anxiety and attachment issues then produce defensiveness, which later leads to pathological symptoms (Carter, 1994).

The third approach to psychopathology is behavioral. This approach conceives the human being as an empty organism. In this particular approach, pathology and symptoms are synonymous. In terms of this perspective, hurtful, destructive, or undesirable behavior is pathological. People develop undesirable habits, but can, with help, become more functional. The Diagnostic and Statistical Manual (DSM) uses this behavioral approach. The behavioral approach tends to have a symptom-oriented, descriptive, phenotypical analysis of human pathology rather than the etiological analysis of the two types of theories already discussed (Carter, 1994).

Normality and Pathology

The first factor that a Christian therapist needs to consider is the demarcation between what is considered a sinful action and psychopathology, or normal and abnormal behavior. However, some authors believe abnormal behavior cannot be so concisely defined (Bennett, 2011), because assessment of abnormal behavior is affected by numerous factors, including social and cultural norms and biases. All cultures have their own formal and informal rules for behavior. These rules delineate the laws governing socially acceptable behavior and moral standards, usually within clear boundaries. When a particular social or moral behavior exceeds the norms of a specific culture, that behavior is viewed as abnormal (Butcher, 2007). Considering the diversity of cultures in which the therapist operates, culturally specific behaviors can be misinterpreted as abnormal when viewed from a different cultural perspective.

The second factor the therapist needs to take into account is the presence of bias and attribution errors. Bias and attribution errors may compromise the perceiver's objectivity and lead to an incorrect evaluation of normal or abnormal behavior (Butcher, 2007). A major impediment to objectivity is the Fundamental Attribution Error (FAE). This error, which is considered a strong human characteristic, is the tendency of an observer to underestimate situational factors and to overestimate the influence of dispositional factors on a person's behavior (Gerrig, 2009).

The third factor in defining normal and abnormal behavior is the ambiguity of the breakpoint. There is no clear center point for the division between normal and abnormal. Butcher (2009) argued that there is no universal agreement with regard to when a behavior crosses a line from normal to abnormal, and irrespective of any definition there is always some kind of flaw present. He continued that the more a person demonstrates difficulties in particular areas of his/her life, the greater the likelihood of abnormality.

Nevertheless, the term "mental disorder" is applied to a set of categories and classifications of abnormal human functioning. Millon (1969) grouped perspectives on mental disorders into four different categories. First, there are biophysical theories, which assume that physiological processes are the primary determining factors of psychopathology. Second, there are intrapsychic theories which assume that psychological factors determine abnormal psychological behavior. Third, there is phenomenological theory which talks about the unique experience and perception of each individual, and how that perception is lived out. Lastly, behavioral theories assume that the process of learning through reinforcement shapes pathology in the individual.

In the end, the categorization of mental disorder is inadequate because it does not do justice to the complexity of cognitive, emotional, spiritual, behavioral and

relational factors that are at work in the development and maintenance of a “mental” disorder (Yarhouse, Butman & McRay, 2005). Comer (1996) stated that although no universal definition has been presented for abnormal mental disorder, most of the definitions articulated share common emphases. These are sometimes referred to as the four Ds: deviance, distress, dysfunction, and danger.

The first manifestation of disorder is usually some sort of distress, which could include anxiety, depression, anger, or other suffering that is emotional or psychological rather than physical. Deviance is an indication that the person thinks or acts in ways that most people in the society would consider unusual or socially inappropriate. Dysfunction refers to a person with a mental disorder being unable to attain his or her goals, having difficulty handling the day-to-day routines of living, or being unable to hold a job or a clear conversation. People with phobias, personality disorders, or deep depression would be examples. There is danger surrounding the harm that the distressed individual might cause to himself/herself or to others (Collins, 2006).

The distress, deviance, or dysfunction may be mild and minimally bothersome, but can also be more disruptive and is sometimes of a severe intensity. In mild disorders, the symptoms are hardly noticed, especially by a layperson. A couple can function well in all areas, be interested and involved in a wide range of activities, get along well with others, be generally satisfied with life, and have no major worries or problems, although underneath all may not be well. At the other extreme are distressed couples whose thinking may be distorted, whose communication may be faulty, whose contact with reality is impaired, who have difficulty getting along with their spouses, who often cannot function in society, and who may be in persistent danger of self-harm or of harming others.

The American Psychiatric Association (DSM-5) (2013) sought to define a mental disorder as follows:

A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above (p. 61).

Manifestation of Psychopathology

Since humans received from God a unique DNA, it is clear that the way humans experience disorders differ from person to person, and can have unique symptoms and causes. Despite these differences, all mental disorders arise from a combination of present stresses and past predisposing influences.

Present stress. There are at least four categories of stress that contribute to the development of mental disorders and these are biological, psychological, social, and spiritual. Biological stresses include disease, the influence of drugs, toxins, or pollutants in the air, brain damage, or physical deprivations, such as a lack of nutrients or insufficient sleep. The spouse who gets overly tired is more likely to be impatient and depressed with his/her mate. The same is true if the spouse comes down with a serious illness that is long-lasting and debilitating.

Psychological stresses in a couple include frustration, feelings of insecurity, inner conflicts, fears, or even the pressure to get things done when there is too much to do. Disappointments with the spouse because of high expectations also create stress. Social stresses are easy to identify. When there is economic uncertainty, widespread unemployment, political instability, or threat from terrorist attack, it can be very difficult for some couples to handle the tension and uncertainties (Charlotte, 2004). Although the Bible presents no evidence that Paul experienced any mental problems, he encountered a number of social stresses of a type that could be difficult for others to handle. He wrote, "I have lived with weariness and pain and sleepless nights. Often I have been hungry and thirsty and have gone without food. Often I have shivered with cold, without enough clothing to keep me warm. Then, besides all this, I have the daily burden of how the churches are getting along" (2 Corinthians 11:27, 28).

Paul knew about spiritual stresses as well, and he warned about some of them in Ephesians 6. Human beings are subject to the "strategies and tricks of the Devil" who aligns with "evil rulers and authorities of the unseen world," and "wicked spirits in the heavenly realms" that put us under pressure (Ephesians 6:10-12).

Predisposing influences. It is generally acknowledged that the same stresses can impact people differently. When a tornado or hurricane blows through a community and destroys rows of houses, everybody loses their possessions, but the loss that leaves one person depressed and immobilized may stimulate another to acts of compassion and the determination to overcome the loss and rebuild.

Like present stress, the predisposing background influences can be of several types. Biological predispositions include the effects of heredity, physical health, congenital defects, or other physical influences. Severe depression, for example, may be stimulated by stress, but the condition is worse in some people because their bodies are

not able to respond adequately. Psychological predispositions include the effects of early family disharmony, childhood losses, parental neglect or abuse, faulty learning, previous rejection, or an upbringing that was so demanding and rigid that the person always felt like a failure and carried this attitude into adulthood. Research on personality disorders has shown the influence of both genetics and upbringing. Symptoms in adults can be worse when there has been a history of childhood trauma or neglect (Charlotte, 2004).

Mental disorders can also result from sociological predispositions in a marital relationship. These include a person's social class, place of residence, marital status, socioeconomic level, religious affiliation, or membership in a minority group. When compared to the wealthy, for example, poor people tend to have higher rates of psychopathology. The poor have less control over their circumstances, and because of their lack of resources, they must wait for their problems to become severe before receiving treatment. Couples with more money or access to insurance payments receive counseling earlier and are less likely than the poor to be hospitalized or listed in the statistics of those who have mental disorders (Etienne, 2003).

Spiritual predisposing factors might include the person's past experiences with harmful issues such as abusive church experiences, involvement with satanic rituals, or a history of blatantly sinful behavior that has left its scars even in believers who have been forgiven by God.

Locus of control. The extent of the influence of these present stresses and prior predisposing issues can depend on how much control the person feels he/she has over the circumstances and direction of life. The internal locus of control characterizes people who believe that what happens in life depends largely on their own decisions and actions. By contrast, people with an external locus of control assume that the events in a

person's life depend on other people, on circumstances, or even on luck or chance. In general, people who have an internal locus of control tend to be healthier and recover more efficiently from surgery and other illness. People who believe that they can control what happens are more likely to follow doctor's orders, stick with diets, recover faster, and even live longer. More often they tend to be optimistic, probably because in life they have learned to be optimistic. People who do not feel they can control the events of their lives (that is, they have an external locus of control) tend to give up trying. They feel more helpless, and as a result, are more likely to be depressed and sometimes pessimistic. This, in turn, has a negative influence on their health. The impact of present stresses and past influences is tempered according to the degree to which a person feels that he or she is in control of life (Collins, 2006).

Strong believers in God may have similarities to people with a strong internal locus of control. These Christians believe that the future is positive because God answers prayers and honors the faith shown in submitting difficult situations to His guidance. Like everybody else, these believers can also be overwhelmed by stress and past influences, but a sense that things are under control can help to prevent mental disorders and the harmful impact of stress-inducing influences.

Sin and responsibility. An effective assessment and diagnosis needs to take into consideration the fact that mental disorders often result from personal sin in the life of the person with the disorder. Christian counseling therefore often involves urging people to confess their sins and change their behaviors. It is possible to view sin from at least two perspectives: conscious deliberate sin that individuals commit knowingly, or the innate sinfulness that is part of human nature. These can be seen as two types of sin. In a similar way, responsibility can be viewed from two perspectives: either the person is responsible, or somebody else is responsible (Yarhouse, Butman, & McRay, 2005).

Mainstream psychiatry, psychology, and the other mental-health professions have tended to ignore the role of sin as a cause of mental disorders, or have dismissed sin as an archaic concept that has no place in twenty-first century thinking. Even within their own ranks, the mental-health professions have been challenged to consider the role of sin, but overall these challenges have not been taken seriously. Whether or not it is acknowledged in the profession, sin is a critical reality both in Christian theology and in any lasting effort to understand and deal with mental disorders (McMinn & Campbell Clark, 2007).

Psychopathology from Humanistic Perspectives

From an existential perspective, human existence can be defined as a 'freely choosing being toward the future.' This state of being promotes the anxiety and pain that people experience in this life. Cooper (2007) presented several reasons why the human journey is full of anxiety and pain. First, according to the philosophy of existentialism, human beings are free to choose, and there is always the possibility that they will make wrong choices. Second, with freedom comes responsibility toward others and the possibility of guilt. Third, the limitations of human beings produce feelings of anxiety, restriction, unfairness, and loss that comes as the result of the reality that they can never accomplish all that they want to, and that their life will come to a definite and inescapable end. Fourth, to be a human being means that all meanings, goals, and most deeply-held values are ultimately only part of a social construction, with no absolute validity. For this reason, from an existential perspective, to be human is to experience such feelings as anxiety, guilt, regret, remorse, and despair. However, since these feelings can be so painful, it is argued that human beings try to suppress them, and they do this by denying the reality of their existence and are thus not able to make the most of their lives.

From this perspective, mental illness arises when a person denies the reality of his/her existence, and psychological difficulties tend to be seen as emerging from inauthentic modes of existing. Cooper (2007) argued that mental illness, as presented by the DSM, is more a means of labeling, dismissing, and controlling those that deviate from socially agreed norms than a psychobiological reality. For this reason, existential psychotherapies avoid the notion or labeling of pathology altogether, seeing it as an unnecessary devaluation of certain ways of being. In the end, human beings are striving to do their best in their given circumstances, and there is little to be gained and much to be lost by labeling certain ways of being as more dysfunctional or maladaptive than others.

Psychopathology and the Bible

The Bible makes reference to many of the emotions that form the basis of mental disorders, including anxiety, anger, discord, jealousy, envy, lust, dissension, selfish ambition, impatience, and lack of self-control. Then there are the behaviors such as idolatry, orgies, marital infidelity, gluttony, drunkenness, strife, lying, violence, and a host of others. It is interesting that these emotions and behaviors are presented as part of the fruit of human sinful nature. There are also biblical examples of suicide, including the deaths of Saul, who fell on his sword, and Judas, who hanged himself. Despite these biblical references, it does not follow that mental disorders always involve or come from deliberate sin in the afflicted person's life. Ultimately, all physical and mental disorders are caused by the sin that entered the world at the beginning. Scripture is clear in its teaching that all are sinners, but that does not mean that psychopathology necessarily results from deliberate personal sinful actions in the person with a mental disorder (Collins, 2006).

The Process of Assessment and Diagnosis in Therapy

Basic elements. The ability to conduct an efficient and effective clinical and diagnostic interview is arguably one of the most valued therapeutic skills. It is during the interview that the therapist learns about the difficulties and challenges experienced by the couple and begins to form the foundations for a healing professional relationship. There are three basic assessment elements that should guide every interviewing session.

The first is establishing rapport. Establishing rapport refers to creating an open, trusting, and safe relationship with the couple or family. The course of establishing an effective couple–clinician relationship will vary, but an overarching goal of the clinician is to establish a trusting and respectful alliance with the couple (Segal, June & Marty, 2009). Second, the therapist must be empathic at all times. A fundamental skill for any clinician is the ability to empathize with another person’s experiences and convey such empathy through validation and understanding. Empathy is the ability to perceive and understand a couple’s feelings “as if” the clinician was experiencing them, and to communicate that accurate understanding to the couple (Faust, 1998).

The third assessment element is the use of reflection statements. Reflection statements address what the couple has communicated (verbally or non-verbally) and are typically used to highlight a specific point. A reflection statement, however brief, usually marks a specific feeling or point of information, and thus can be divided into reflection of feelings or reflection of content.

Biblical Anthropology and Assessment

A proper assessment from a biblical-anthropological perspective needs to take into account the image of God as part of human nature. The three dimensions of the image of God (relational, structural and functional) form the core of human nature. Humans are relational beings with the structural capacity to relate to others and fulfill

their purpose in this life. These three dimensions were damaged or affected after the Fall. As discussed previously, normality and pathology are connected with the sinful human condition.

In order to develop an effective treatment plan, McMinn and Campbell (2007) recommend assessing issues associated with each of the three elements of human nature. They suggested starting with the assessment of thoughts and behaviors, and moving on to assessing schemas and interpersonal functioning. While both the functional and the structural assessment dimensions will be considered in the following section, this chapter will emphasize the influence of the relational dimension of the image of God as the primary reason for abnormality in the functional and the structural domains. Sin is a relational issue, and this separation from God and other selves is responsible for the abnormality in human beings.

Assessing maladaptive thoughts and behaviors (functional domain). When God created Adam and Eve, His plan was that His creatures would exert managerial control over themselves and their environment, but everything was thwarted by the Fall. The separation from God and the Other produced tension and anxiety in the first couple. This later interfered with their ability to function correctly and fulfill one another's expectations. Nowadays couples find it difficult to communicate well, to sleep and eat in healthy ways, and to manage their escalating job responsibilities. Their daily functioning has been inhibited in various forms. As a result, a proper assessment in this domain by the counselor should guide him or her to alleviate the couple's symptoms. Thus, the purpose of the assessment of the counselor in this domain is to identify thinking and behavior that needs to be changed or developed (McMinn & Campbell Clark, 2007).

Assessing the structural domain. The assessment task in the structural domain is to identify the schemas that give meaning to thoughts and behaviors. Couples can typically identify thoughts, feelings and behaviors that are problematic in the functional domain, yet they struggle to identify the schemas that manipulate their behavior, because these schemas operate in their subconscious. The structural domain deals with thought patterns, cognitions, and schemas that give meaning to a human life. Schemas are deeper cognitive responses that form the core beliefs of humans. These cores beliefs are the fundamental beliefs people have about themselves, others, the world and the future. The core beliefs develop early in life, and become the blueprint for human action later in life. Schemas act as filters for people's experiences, and connect present realities with past experiences. The schemas are adaptive when they help interpret and respond to the environment and any interpersonal relationships. Schemas are maladaptive when the interpretation is inaccurate and the individuals' subsequent responses are ineffective in dealing with their environment and interpersonal situations (McMinn & Campbell Clark, 2007).

Assessing the relational domain. The task of the assessment in this domain is to describe interpersonal functioning and to identify the conditions under which the couple may have experienced significant relational wounds. Unfortunately, these interpersonal wounds are the source of the schemas that give meaning to subsequent experiences. In this task the counselor thus identifies the deep relational wounds, and then provides a mechanism for healing these wounds and changing interpersonal functioning. Psychopathology in this domain is acquired. Normality corresponds to the capacity of individuals to build healthy relationships with God, self and others. The next section examines some assessment instruments generally used by therapists.

Assessment in Marriage and Family Therapy

A therapist should not take a marriage and family assessment process lightly. He or she should first determine which aspects of family functioning are most likely to be important for the goals of the treatment plan. This consideration should involve the following dimensions: (a) the members of the family who are being evaluated; (b) the methods of the assessments that have been selected; and (c) the methods of examining the family system by using all these source of information (Floyd, Winand, & Cimmarusti, 1989). In fact, the assessment process can provide the therapist a rich source of information about the family, and also can be used to develop initial hypotheses about the problem areas, causes of problems, and potential areas of strengths.

PREPARE-ENRICH assessment inventory. This assessment is a well-known inventory tool in the area of premarital counseling and marriage enrichment. Each core and customized scale in the inventories is made up of ten statements referred to as “items”. When combined, they assess a couple’s content area of their relationship (e.g. communication, finances). The core scales this inventory covers are: communication, conflict resolution, partner style and habits, family and friends, financial management, leisure activities, spiritual beliefs, relationship and marriage expectations, and character traits. The second session of this inventory deals with a relationship’s dynamics. It covers areas such as assertiveness, self-confidence, and avoidance. The third session deals with the couple and their family system. This area refers to couple and family closeness, couple and family flexibility, as well as couple and family mapping. The fourth and last session has the SCOPE personality profile. It is called SCOPE because it reflects on the five dimensions of personality: social, adjustment, organization, agreeableness, and emotional stability (Olson, 2002).

Beck Depression Inventory (BDI-II). This inventory is the most widely used depression instrument with adolescents in the United States. It is intended as a screening instrument for adolescents and adults, age 13 to 80, to assess cognitive, behavioral, somatic, and affective symptoms. It effectively discriminates depressed from non-depressed patients, and depressed from anxious patient as well. In addition, it has demonstrated good concurrent validity for males, females, and people of different ethnicities and ages (Myers & Winters, 2002). This inventory can help the therapist to assess the family for any depressive condition.

Family genogram. This type of instrument is a graphic representation of a family tree that displays detailed data on family relationships. In this instrument, family structure information, and its emotional dynamic, is recorded for at least three generations. The genogram visually helps assure family connection and objectify data, providing a safer environment to talk about problems or recognition of the need for change in the system (McGoldrick & Gerson, 1985).

Myers-Briggs Type Indicator (MBTI). This instrument is a self-report questionnaire designed to measure psychological preferences in how family members perceive the world and make decisions. This instrument is based in Jung's theory of personality types. Jung stressed complementarity in marital relationships. People marry someone to provide what their personalities lack. MBTI tries to sort family members into four separate dichotomies, of which the best known is Extroversion-Introversion. Family members are also divided by their ways of finding out about the world around them: Sensing-Intuitive. In addition, they have two ways of deciding: Thinking-Feeling; and two ways of acting: orderly or spontaneously, a dichotomy that the MBTI names Judgment-Perception. Insight about family members can enhance relationships whether the other is similar or different (Briggs & Myers, 1977).

Assessment in Adult Romantic Attachment

One way to understand issues of dysfunctionality in a marital relationship is by seeing them from a distancer-pursuer perspective (Fogarty, 1979). System and attachment theory confirms the biblical-anthropological view that humans were created for connection and closeness. Humans want to belong somewhere because they were not created to live in isolation. When two romantic partners develop an attachment system, they move toward each other seeking connection and closeness.

However, they do not realize that closeness must be worked at, and that it is an inconstant state, because of humanity's sinful nature. Such intense desire for closeness often leads to fusion followed by distance. One moves toward the other, and the other distances. As closeness increases, fusion becomes more likely. Then one tends to become the distancer and the other the pursuer. In this fashion, the twosome continues to exist, but the distance within the dyad remains fixed (Fogarty, 1979).

There are two theoretical perspectives to explain this pursuer-distancer pattern of behavior in the couple. The first is based on the concept of differentiation suggested by Bowen, and on family-of-origin patterns (Bowen, 1966). As explained in Chapter 2, differentiation refers to the development and functioning of the self, independent of processes with others and independent of the general emotional field of the couple or the family. Individuals that are secure in their identity and are able to experience emotions and make decisions independently of the system are well-differentiated individuals. Although Bowen did not offer a specific explanation for pursuer-distancer patterns, other authors have speculated that pursuer-distancer patterns might stem from a poorly developed sense of self (Lichtenberg, 1991) or from similar parent-child patterns in the family-of-origin (Napier, 1978).

The second theory that helps in understanding the cycle of distancer-pursuer relations is adult attachment theory. Human beings were created to live in closeness and connection with an attachment figure. In the pursuer-distancer pattern of relationship, the same themes common to theories of attachment are manifest, such as fear of abandonment, rejection, proximity seeking, and separation anxiety. A partner with a preoccupied attachment style (characterized by a fear of abandonment and sense of dependence on attachment figures), marrying a partner with a dismissing style (characterized by a mistrust of other people and egocentric personality) may be the prototype of a pursuer-distancer pattern (Pistole, 1994). For instance, a preoccupied partner, who tends to cling and fears abandonment, may be more likely to pursue in response to perceived abandonment by the other partner. Conversely, a distancing or fearful partner, who tends to distrust others and fears losing autonomy (or possibly identity), may be more likely to withdraw in response to demands for closeness.

Assessment of pursuer-distancer model. In assessing the pursuer-distancer interaction, the therapist must understand the different interactions of each individual. The male pursuer generally presents as an anxious and affable person. He may not always exhibit the same level of anger or rage as the female pursuer (Betchen, 1996). While the female pursuer drags her male distancer into treatment under the threat of divorce, the male pursuer demonstrates no such power. Rather, he often gets his mate to enter treatment by repeatedly requesting that she attend sessions with him; whereas she may take several months, or even years, to compel him to do so.

The female distancer may appear as relatively calm and with a cognitive personality. Many female distancer's are professional women with relatively sound incomes, some larger than their partners. While the male pursuer is usually somewhat energetic and animated, the female distancer can be distant. She may not appear needy

in any way. Both pursuer and distancer may demonstrate obsessive-compulsive traits or tendencies outside the relationship (e.g. at work), but the pursuer is heavily focused on the relationship.

In essence, the pursuer will appear to have invested more in both the couple and in treatment. He or she will anxiously and consistently put pressure on the distancer for more closeness and/or interaction. This dynamic may also be expressed non-verbally. For example, the pursuer often sits on the edge of his/her chair leaning in the direction of the distancer. The distancer often appears uninterested, leaning away from the pursuer or staring off into space (Betchen & Ross, 2000).

In spite of the dysfunctionalities of the pursuer-distancer interaction, these apparently opposite needs manifested by each member of the dyad are a necessary and healthy part of life and may change in their intensity and function depending upon the stage of life and experiences on the way. Franz and White (1985) argued that differentiation of self and attachment are seen as two separate elements in psychological development, each of which needs to be well developed. The pathways taken by the couple through life can have some flexibility depending upon life experiences. Furthermore, the pathways traveled can be redirected or rerouted to some extent as a result of life experiences or therapy.

Some childhood experiences may have caused a person to be inclined toward or to move further in the direction of enmeshed/ambivalent relationships. Other experiences within the family-of-origin may have the effect of influencing a person in the direction of fearful/avoidant/dismissive relationships and becoming cut off emotionally. In this schema, there is room for growth and change and the possibility for better balance towards the middle secure/differentiated attachment position. For this

reason, normality in a couple must be seen as a balance between autonomy (distancer) and togetherness (pursuer).

Assessment and Diagnosis in EFT

The remainder of this chapter applies the foregoing information to the therapeutic model of EFT that has been presented as the basis for integrating biblical anthropology with couple and marriage therapy. The previous chapter demonstrated how EFT supports the understanding of attachment, family system and the relational dimension of human beings. This section will tackle how EFT addresses assessment and diagnosis in couple and family therapy.

The development of a case formulation to resolve relational problems is very important in couple and family therapy. Case formulation, in this instance, is a complex process that continually seeks to integrate information or assess the couples' immediate experience in the session on a number of different levels. In EFT, case formulation is interlaced with the humanistic perspective, specifically that of client-centered and Gestalt therapy.

These two theories did not originally have a case formulation or assessment approach as part of the treatment plan process (Greenberg & Goldman, 2007). For example, Gestalt therapy did not use case formulation directly, but it did identify certain problem determinants such as interruptions to contact with the self and other neurotic self-regulation (Perls, Hefferline & Goodman, 1951). On the other hand, the client-centered therapy of Rogers (1951) has one universal formulation: that of incongruence between self-concept and experience, although the concept of depth of experience can also be seen as a way of making process formulations about the couple's current level of functioning. Rogers argued against all forms of assessment and wrote, "psychological

diagnosis as usually understood is unnecessary for psychotherapy and may actually be detrimental to the therapist process” (p. 220).

In the process of doing an assessment, the therapist can become overly invested in certain theories and ideas at the expense of genuine and empathic contact with the couple. Rogers also addressed the imbalance of power that arises when the therapist is in the position to diagnose. He did not support the idea of assessment and diagnosis “because of the possibility of an unhealthy dependency developing if the therapist plays the role of expert, and the possibility that diagnosing clients places social control of the many in the hands of the few” (p. 224).

In spite of the validity of Rogers’ (1951) point concerning the power imbalance created when the therapist diagnosis someone, or takes the role of an expert, developing a focus in therapy, which involves some type of formulation, is nevertheless beneficial. In addition, developing a focus for therapy helps guide interventions and in so doing facilitates the development of a focus for treatment that ultimately enhances the healing process. The focus in therapy that will be argued for in this section is tantamount to a case formulation.

However, this particular approach to case formulation falls very much within the bounds of the experiential therapy tradition from which it emerged (Greenberg & Goldman, 2007). In terms of this approach, couples are seen as the experts on their own experience in that they have the closest access to it. Furthermore, human beings have an innate emotion-based system created by God that provides an adaptive tendency toward growth and mastery.

In EFT, the couple is viewed as a dynamic system continually creating and expressing schemes that derive from the internal working model, allowing the couple to give meaning to reality. When the couple has overly repetitive experiences of painful

emotions across different situations and occasions, this can represent lack of flexibility in the processing system and hence dysfunction. Chronic enduring pain often represents rigid patterns of schematic activation and limited access to creatively adaptive responses to situations.

For these reasons, normality in EFT is seen as the ability to creatively adjust to situations and produce better responses to the painful experiences of the past. The goal of treatment using the modality of EFT is therefore, to overcome blocks to creative adjustment and reinstate a process of becoming. At the other end of the spectrum, dysfunctionality in EFT therapy is seen to arise through various mechanisms such as the creation of meanings and narratives that are overly rigid or dysfunctional; from incoherence or incongruence between what is reflectively symbolized and the range of experienced possibilities; from the maladaptive experience of past painful memories; and from problematic shifts between a plurality of self organizations or lack of fit or integration between them (Greenberg & Goldman, 2007).

As a result, case formulation in EFT is ongoing, because it is as sensitive to the moment and the session context as it is to an understanding of the person as a case. In this approach, there is a continual focus on the couple's current state of mind and current cognitive/affective problem states. The rationale for this approach is that the therapist wants to safeguard the therapeutic relationship he/she has developed with the couple or family, and also because people are seen as active agents who constantly create meaning. The therapist's main concern then, is one of following the couple's ongoing process and identifying markers of current emotional concerns, rather than developing a picture of the person's enduring personality, character, or core patterns. In formulating a focus, the therapist therefore, attends to a variety of different markers as they emerge from different levels of the couple's processing. That is, paying attention to

the couple's statements or behaviors alerts the therapist to various aspects of the couple's functioning that might need attention as possible determinants of the presenting process (Greenberg & Goldman, 2007).

Steps in EFT Case Formulation

As presented briefly in the last section, in EFT, case formulation is helpful in facilitating the development of a focus and fitting the therapeutic process to the couple's goals to establish a productive working alliance. Greenberg and Watson (2006) formulated eight steps that guide the therapist in case formulation and the development of a focus in EFT:

1. Identify the presenting problem and a focus for the treatment in collaboration with the couple.
2. Listen to and explore the couple's narrative about their presenting problems.
3. Gather information about the couple's early attachment identity-related histories and current relationships.
4. Identify the painful aspects of the couple's experiences.
5. Observe the couple's style of processing emotional material.
6. Identify the intrapersonal and interpersonal issues that are contributing to the couple's pain.
7. Confirm this understanding with the couple and suggest tasks that will facilitate resolution of the painful issues.
8. Attend to and respond to the couple's moment-by-moment processing in the session to guide interventions.

The therapist needs to form a strong therapeutic relationship in order to allow the case formulation to flow. Through the empathic process, the therapist and the couple

are continually negotiating the terms of the working relationship, clarifying the problems and aligning the therapy session to the goal of the couple for therapy. In the initial stages, while the therapist may apply some of the steps of case formulation, the initial phase must emphasize making contact with and responding to the couple, and does not involve actively collecting information or intervening.

The first steps in developing a case formulation involve identifying the presenting problem, listening to the related narrative, and gathering information regarding attachment and identity histories as they pertain to current relationships. The therapist also gathers information about relevant life circumstances in order to assess the couple's current levels of functioning.

Parallel with the initial steps, and throughout the process, therapists attend to the manner in which couples process emotions from moment to moment. This is a very important element in the process. Following this system, the therapist will be able to analyze the emotion regulation of the couple and decide how best to intervene to facilitate emotional processing. For this reason, in each session the therapist both follows and guides the couple in an exploration of internal experiences; and the process-diagnostic formulation is made in response to the current material presented by the couple and not from assessment of past experiences.

Identifying the pain compass. The therapist should develop a pain compass, which acts as an emotional tracking device to process the couple's experiences. The pain compass concept is utilized by Greenberg and Watson (2006) to focus on the most painful aspects of the couple's experiences and identify the couple's negative emotional reactivity. In this case, pain or other intense effects are the markers that alert the therapist to potentially profitable areas of exploration as he/she focuses on the couple's moment-by-moment experience. The first thing the therapist does in developing a pain

compass is listen out for what is most poignant in the couple's presentation. In addition, the therapist observes the types and varieties of coping strategies that the couple uses to cope with their pain and to modulate their painful emotions, and the skill they need to develop to achieve a better emotional regulation.

Identify markers in the couple's interaction. As the therapist conducts a moment-by-moment session, he/she should pay attention to the specific in-session task. This process is paramount in EFT counseling. This task follows from the identification of specific markers consisting of statements that people make that indicate unresolved cognitive-affective problems in the marital relationship. The understanding of these markers is influenced by an understanding of the painful and difficult aspect of a couple's experiences that have not yet been resolved (Greenberg & Goldman, 2007).

In EFT, markers signify particular types of emotional problems that could help in a particular intervention. The most important markers that the therapist should pay attention to are the following: (a) Problematic reactions about emotional or behavioral responses to particular situations; (b) conflict splits in which one aspect of the self is critical toward another; (c) self-interruptive splits in which one part of the self interrupts or constricts emotional experiences and expression; (d) an unclear felt sense in which the person is on the surface of, or feeling confused and unable to get to, clear sense of reality; (e) unfinished business; and (f) vulnerability in which the person feels deeply insecure (Greenberg & Watson, 2006).

In conclusion, EFT therapists assess information from multiple levels as they work with the couple moment-by-moment to process their emotional reactions. They listen to the couples' life histories to identify their characteristic ways of interacting with themselves and with others. Also, therapists listen to markers of specific cognitive-affective tasks or problem presented, and look for the couples' main underlying problem

to emerge. Once a focus has been established and the couple and therapist are engaged in working on core themes, the focus is on moment-by-moment experience.

While this model of therapy does not pathologize individuals, these theories are used only as useful tools that provide perspective to focus the therapist on a better result. For this reason, EFT advocates understanding individuals on their own terms. In the end, treatment is not driven by a theory of the causes of, say, depression or anxiety, but rather by listening, empathizing, following the couple's process and marker identification, and by building a sense of determinants from the ground up using the couple as a constant touchstone for what is reality to them. "Treatments therefore are custom-made for each person" (Greenberg & Watson, 2006, p. 394).

Conclusion

In conclusion, assessment and diagnosis are important elements of psychotherapy. Without a proper case formulation, it is difficult to have a proper treatment plan and a positive outcome of the counseling session. The therapist must understand the elements in a dyad that contribute to normality, but also those that contribute to abnormality. As discussed previously, EFT is a model that has had demonstrably positive outcomes in couple and family therapy. Its approach to case formulation is different from other models such as psychodynamic and cognitive behavioral therapy. The therapist becomes an agent who guides the couple to process their emotions in the here-and-now, allowing them to improve their relationship by changing the emotional reactivity that they are experiencing into a positive one. The next chapter will examine how the EFT model of treatment plan facilitates the change in couple and family therapy.

Chapter 5 Treatment Plan

Introduction

Human beings are created in the image of God and since God is a relational God, they are created to relate to God and other selves, forming I-Thou bonds. Before the Fall, as presented in chapter one, this original I-Thou attachment was in a perfect and sinless state. However, since the Fall human beings have been carrying the pain and dysfunction of their broken relationships with God and their neighbors. The Plan of Redemption is thus, to restore the image of God in human beings. If healing and transformation are to be achieved in this sinful world, broken relationships need to be restored to their original godly state. This is precisely the plan of redemption: taking broken relationships and transforming them into I-Thou relationships that reflect the image of God.

Before this reality comes to fruition, among other agents, God uses professional counselors to help couples bring healing to their relationships. Emotionally-Focused Therapy (EFT) provides the opportunity for a marriage and family therapist to help distressed partners in marital relationships gain insight into how they are expressing and managing their emotions and how to begin to foster positive interactions. This chapter explores the process of change that occurs when using EFT treatment for couples in need of attachment healing.

Biblical and Theological Perspectives

Couple therapy is based on the relational and the systemic framework between human beings. As previously mentioned, Buber (1970), introduced the idea of I-It and I-Thou relations as two fundamental ways of being. Before the Fall, human beings had I-Thou relationships with God and other selves. These relationships were shattered after

the Fall, and I-It relationship-types developed. For this reason, at any moment people stand in one of two ways of being in relation to others: It-It or I-Thou.

The EFT concept can be integrated into Buber's I-Thou framework. In EFT, partners are encouraged to identify and express their emotional experiences directly to their partners, including ways in which their partners have hurt, wronged, or mistreated them. In fact, the experience and expression of secondary and primary emotions in EFT therapy is a powerful agent in the process of therapeutic change. For this reason, the goal of EFT is to restructure the emotional bond so as to promote a continually regenerative I-Thou dialogue between partners (Greenberg & Johnson, 1988). The process of change EFT effects consists in helping partners develop an I-Thou way of being toward the other by helping them process their emotions in the here-and-now, in accordance with God's original intention. Even though EFT is not a Christian approach, as explained in chapter four, some of its tenets support biblical principles concerning relationships, especially the concept of the genuine I-Thou dialogue as described by Buber (1985). This I-Thou dialogue is characterized by the manifestation of "presence," in terms of which the couple make themselves present to each other. That is, both members of the dyad allow the other self's inner thoughts, feelings and mutuality to be part of their own self. Another tenet of EFT and the I-Thou relationship is genuine, non-exploitative dialogue. This type of dialogue is a significant resource in EFT because it guides the couple to reciprocal giving and mutual benefit. In both EFT and the I-Thou approach, it is understood that relationship healing is achieved because of the human need for an emotional bond. In fact, immediacy, directness, and presence characterize the conversation in which the couple genuinely listens to and cares about the other person's side of the dialogue. In EFT and I-Thou dialogue, the spouse does not impose him or herself on the other, nor does he or she attempt to have the other partner agree on

the way he or she sees the world. That is, both approaches allow space for differentiation. In conclusion, when a couple arrives at therapy with a dysfunctional relationship type, such as an I-It or It-It relationship, the main goal of both EFT and the I-Thou dialogue is to change these dysfunctional relationship types into an I-Thou relationship. EFT and I-Thou dialogue are thus a healing and a generative process, and achieving this type of conversation in EFT is the process and the goal of therapeutic change.

The Bible talks about the importance of repairing broken or I-It relationships. In fact, the Parable of the Prodigal Son in Luke 15 portrays a God who is willing to do anything to restore His relationship with his prodigal son. This is a father and a son expressing their deepest needs and emotions in order to restore their filial bond. The son returns home with feelings of sadness, guilt and remorse for his mistake. Yet he encounters a father who is able to express feelings of joy, love and peace. The son is not expecting his father to welcome him in such an effusive manner. He is expecting to see a father engulfed in anger and disappointment because of his son's rebellious life. The fact that the father is able to express his feelings of love and care towards his son marks a turning point in the relationship. In other words, the son is not anticipating his father's feeling of love, and this is exactly what changes the feelings of the son from guilt and remorse to love and acceptance.

Many of the tenets of EFT can be integrated with God's instructions about managing our emotions in order to repair broken relationships with other selves. As recorded by Paul, God goes even further and gives us permission to feel angry, but He nevertheless encourages us to express this anger properly in order to repair broken relationships. "Be angry, and do not sin, do not let the sun go down on your wrath, nor give place to the devil" (Ephesians 4:26-27). In this verse, God is depicted as being

interested in repairing unhealthy relationships, because His image is reflected only in I-Thou relationships. “If it were possible, as much as lieth in you, live peaceably with all men” (Romans 12:18).

This issue of restoring broken relationship is so important to God that He even commands that when people come to worship, they should try to restore any broken relationships that might exist with their brothers or sisters. This reconciliation is part of the process of sanctification that God has designed in order to restore His image to human beings (Matthew 5:24). “Let us therefore make every effort to do what leads to peace and to mutual edification” (Romans 14:19). In the end, the Bible does not present a methodological process for restoring relationships, but gives us key principles that shed light on how to express faithful feelings for the purpose of turning our I-It relationships into I-Thou ones.

The Holy Spirit is the agent that produces the change in people’s emotional lives. The Christian therapist understands that he or she is just an instrument in the hands of the Holy Spirit. There is a power working inside every Christian person that is largely untapped. It is the power of the Holy Spirit, leading every person to reflect the image of God in his or her life. There is no psychological force able to produce the emotional fruit that the Holy Spirit can produce in a Christian life. The work of the Spirit of God in the fruit that the Spirit produces (“love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control ...”) is in stark contrast to the works of the flesh: “...hostilities, strife, jealousy, outbursts of anger, selfish rivalries, dissensions, factions, envying, and similar things” (Galatians 5:19-21).

Forgiveness is no longer considered a subject suitable only for theology and has recently been proposed as an important aspect of emotional recovery when an attachment injury has occurred (Enright & Fitzgibbons, 2000; Worthington, 1998). The

Bible links forgiveness to the concept of the image of God, and God asks His children to forgive in the same way that He has forgiven them (John 13:34). As part of the family of God, human beings are commanded to forgive in order to receive forgiveness. God will not forgive people's trespasses if they are not able to forgive those who have trespassed against them (Matthew 6:12). For this reason, the restoration of I-Thou relationships would not be possible without the element of forgiveness. The effectiveness of EFT depends on the ability of the couple to forgive one another. However, when couples come to therapy, and are in Stage 1 or 2, sometimes their attachment injuries appear. These injuries are an impediment to the mutual satisfaction of the couple and the success of EFT. The injury does not simply go away when one partner says "I am sorry." Healing of these attachment injuries needs to happen in order for the couple to break the negative cycle, and forgive emotionally.

Attachment injuries are relationship wounds that leave the relationship unsafe and limit emotional engagement. An attachment injury is a specific type of betrayal that is experienced in couple relationships. It is characterized as perceived or real abandonment or a violation of trust. It is an incident in which one partner is inaccessible and unresponsive in the face of the other partner's urgent need or vulnerability (Johnson, 2004).

It is important to understand how this injury occurs in the marital relationship. As discussed in chapter two, the attachment system was created by God, and is a marvelous combination of emotions, behaviors, and beliefs, all wired into the brain to help human beings stay in relationships with those they have bonded with. For example, in marriage, this system is natural and purposefully designed to keep the couple emotionally and physically connected. However, since the partners are not perfect and are full of mistakes and vulnerabilities, sometimes cycles of conflict hinder one partner

from being able to meet the attachment needs of the other. When the attachment is threatened, the attachment behavior system is triggered in an attempt to get the attention of the spouse, in order to recover the emotional and physical connection. This emotional reactivity is often a desperate cry from the soul of one of the partners that the other might reach out and restore his or her heart to its rightful place of safety. As a result of this desire to restore the attachment, the couple may develop bad patterns of relating, including yelling, nagging, and fighting.

When this attachment injury happens, the person can experience feelings of abandonment and betrayal. The events that often precipitate this type of attachment injury are the following: times of transition, loss, physical danger, uncertainty, birth of a child, and a time of physical illness. Also, the manageable level of stress of each partner varies. Thus, what may be a manageable hurt for one of the couple may be momentous interpersonal chaos for the other partner. In addition, the injury is connected to how the injured partner interprets the event in which he or she is in urgent need and vulnerability, and how the other partner reacts to expressions of hurt by the injured party. When the injurer denies or gets defensive about this damage to the attachment, it can become a topic for constant bickering, although sometimes it may lay dormant and unexpressed for a period of time.

Johnson (2004) wrote about healing attachment injuries using EFT and outlined the following goals of the process: 1) helping the couple to acknowledge and process any shame, guilt, sadness, fear and other emotions. 2) helping the injurer become the source of healing for his or her partner, instead of the source of pain. 3) helping provide the injurer with answers to his or her questions in a non-defensive, emotionally connected manner. 4) helping the couple provide one another with reassurance and concrete evidence of current faithfulness through texts, emails, checking in, etc. 5)

supporting the couple in learning how to express empathy, and becoming accessible, responsive, and engaged. 6) helping the couple in providing consistent, sincere reassurance, especially when the injured partner is reaching out from a vulnerable emotion position. 7) guiding the couple in providing one another with consistent verbal and behavioral lifelong faithfulness and investment in the relationship.

The healing of attachment injuries is possible when it is accomplished in the context of forgiveness. Forgiveness means dismissing a debt (Jeffress, 2000). In the New Testament, the Greek noun *aphesis* denotes a dismissal or release (Vine, 1996). That is, when someone grants forgiveness, he or she dismisses the debt owed to him or her, especially from his or her thoughts. By the same token, when someone is granted forgiveness, his or her debt is dismissed. In other words, to forgive means to release your resentment towards your offender, to release your right to hear “I am sorry,” to lose your right to be bitter, and to get even. Jesus talked about the tenets of forgiveness when he said, “Love your enemies, do good to those who hate you” (Luke 6:27). Hunt (2008) argued that to forgive is to dismiss the demand that someone owes something, especially when expectations have not been met. In Matthew 5:39 it is written, “If someone strikes you on the right cheek, turn to him the other also.”

By contrast, the unforgiving mind is judgmental because it focuses on past wrongs that the offender committed (Luke 6:37). The unforgiving mind is merciless because it looks down without mercy on the offender (James 2:13). It is resentful and vengeful because it tries to get even with the offender (Proverbs 10:18). It is maligning because it talks to others about the faults of the offender with the intention of hurting (Proverbs 10:18). It is full of profanity and bitterness because it is verbally abusive towards the offender (Romans 3:14). The unforgiving mind complains (Philippians 2:14), and is impatient (Proverbs 19:11), while being easily provoked. The result of this

type of mindset is that the unforgiving person becomes spiritually dry, trying to feel connected with God and the other, but lacking the fruit of repentance that produces the spirit of forgiveness.

Psychological Perspectives

Research has shown that forgiveness has a positive impact on physical, relational, mental and spiritual health (Witvliet, Ludwig, & Van der Laan, 2001). Psychologically speaking, the unforgiving mindset has been defined as a complex set of negative feelings towards an injurer, and it has been shown that people can decrease unforgiveness without increasing forgiveness (Worthington, Sandage & Berry, 2000; Worthington & Wade, 1999). The state of unforgiveness is seen as one of being stuck in negative emotions and a hyper-aroused stress response brought about by rumination (Harris, & Thoresen, 2005). Forgiveness involves two important emotional processes: resolving the hurt and anger of the injury; and generating positive feelings of compassion, loving, kindness and empathic concern for the injurer. Thus people may be able to resolve emotional injuries by reducing or letting go of their bad feelings, and by increasing positive feelings such as forgiveness (Greenberg, Warwar, & Malcolm, 2008).

Forgiveness has been conceptualized in models consisting of several stages (Cunningham, 1985, Droll, 1984, Smedes, 1984). Together these models suggest a series of tasks that are inherent in the process of forgiving a wrongdoing. First, forgiveness begins with the offended party (spouse) perceiving the offense. Second, the offended spouse recognizes his or her secondary negative emotions. Third, the offended spouse makes attributions about his or her partner's behavior. Fourth, the offended spouse experiences positive change in emotions and cognition. Fifth, the offended spouse decides to try to reconcile the relationship, and foster love and compassion. The

first four tasks occur during Stage 1 of the EFT process, with the fifth occurring during Stages 2 and 3.

An EFT therapist needs the framework of a healthy or normal relationship and an understanding of the role of forgiveness in the process of developing this type of relationship. This framework or set of norms surrounding a healthy relationship will facilitate the therapist in setting goals, delineating processes, and foreseeing the couple's journey to restoration.

A healthy relationship, in EFT terms, is a secure attachment bond. Such a bond is characterized by mutual emotional accessibility and responsiveness. This bond creates a safe environment that optimizes partners' ability to regulate their emotion, process information, solve problems, resolve differences, and communicate clearly (Gurman & Jacobson, 2002, p. 112).

By contrast, distressed relationships occur in the presence of attachment insecurities and separation distress. For example, when the attachment relationship in a couple is threatened as a result of negative behavior, the spouse might normally respond with a predictable sequence. The response is typically charged with anger because he/she is responding to the loss of the attachment figure. Following the display of anger, the next step in separation distress is clinging and seeking, which can turn into depression and despair. Finally, if restoration does not occur, the relationship is damaged, and detachment will follow (Gurman & Jacobson, 2002). The next section delineates the process of change or healing in EFT, and the treatment plan needed to bring about I-Thou relationships.

Process of Change

The process of change in EFT has been organized into nine treatment steps. These treatment steps can be divided into the following dimensions. The first dimension

has to do with assessment and the de-escalation of problematic interactional cycles. In this dimension, there are four steps. The second dimension has three steps emphasizing the creation of specific events in which interactional positions shift and new bonding events occur. The third dimension deals with the last two steps of therapy, i.e. the consolidation of change and their integration into the everyday life of the couple. “If couples successfully negotiate these steps, they seem to be able to both resolve longstanding conflictual issues, and to negotiate practical problems” (Gurman & Jacobson, 2002, p. 115).

The process of change in EFT is produced from two main therapeutic tasks. The first task is accessing the emotional experience, and analyzing the vicious cycle of the couple. In this task, the therapist helps the couple discover their unacknowledged and hidden emotional needs. This discovery is achieved by helping the counselees make sense of their emotions through awareness, emotional expression, regulation, and reflection. These four activities in emotional intervention are described next.

Awareness of the emotional experience, or naming what one feels, is a key factor in EFT. Naming a feeling in words helps decrease amygdala arousal (Taylor, Eisenberger, Saxbe, Lehman & Lieberman, 2006). Once the couple is aware of their feelings, they reconnect to their needs and are motivated to meet these needs. When they become aware of, and symbolize core emotional experience in words, they are able to access both the adaptive information and the action tendency in the emotion.

The EFT therapist should bear in mind that this level of emotional awareness involves feeling the feelings, instead of just talking about them. He or she uses emotions both to inform the couple and to move them to more adaptive emotions. In other words, the therapist helps the couple to approach, accept, tolerate and symbolize emotions, rather than avoid them.

Emotional expression is a unique aspect when dealing with emotional processing of, and adjustment to, such issues as breast cancer (Stanton, Danof-burg, Cameron, Bishop, Collins, Kirk & Twillman, 2000), interpersonal emotional injuries, and trauma (Greenberg & Malcolm, 2006). Emotional expression does not involve the ventilation of secondary emotion, but is rather the overcoming of avoidance of experience and expression that previously constricted the couple's primary emotions.

Emotional regulation is the third principle of emotional processing. It is clear that emotional arousal and expression are not always helpful or appropriate in therapy or in life, and that for some couples, training in managing emotional distress must be part of the therapy session. Emotions need to be regulated when distress is so high that the emotions no longer inform adaptive action (Greenberg & Pascual-Leone, 2007). Helping the couple to receive and be compassionate about their emerging painful emotional experiences is the first step towards helping them tolerate emotions and self-soothe. This is followed by relaxation, development of self-compassion and positive self-reinforcement.

Reflection is the last of the resources the EFT therapist might utilize to evoke the emotional experience in the therapy session. Reflection helps to create new meaning, promotes the assimilation of unprocessed emotions into ongoing narratives and helps people develop new narratives to explain experience. According to Pennebaker (2005), writing about the effects of emotional experience on automatic nervous system activity, immune functioning, and physical and emotional health, such reflection helps couples organize, structure and ultimately assimilate both their emotional experiences and the event that may have provoked the emotions.

The second main therapeutic task is to use the negative experiences discovered in the first task to help the couple form new responses, or achieve redefined

interactional cycles, thus bringing them to new positive interactional positions. One of the most important ways of dealing with emotion in therapy involves the transformation of emotion by emotion. That is, the transformation of primary maladaptive emotions such as fear, shame and the sadness of being abandoned or alone with the help of other adaptive emotions. Darwin was the first to note that “an emotion cannot be restrained nor removed unless by an opposed and stronger emotion” (Spinoza, 1967). Changing the way that a couple thinks will not change a primary emotion, for changing thoughts do not change emotions.

The process of changing emotions with other emotions goes beyond other psychological techniques such as catharsis, completion and letting go, exposure, extinction or habituation. Instead, the withdrawal tendencies of primary maladaptive emotions are transformed by activating the approach tendencies in anger or comfort seeking. In other words, withdrawal emotions from one side of the brain are replaced with approach emotions from another part of the brain and vice-versa (Davidson, 2001).

For example, the maladaptive fear of abandonment can be transformed into security by activating the more empowering, boundary-establishing emotions of adaptive anger or disgust, or by evoking the softer, soothing feelings of sadness and the need for comfort. Maladaptive anger can be undone by adaptive sadness. Maladaptive shame can be transformed by accessing anger and a sense of violation and self-compassion, and also by accessing pride and feelings of self-worth. Similarly, anger can be transformed by accessing feelings of hopelessness and helplessness.

Greenberg and Safran (1982) articulated the following principles for the process of tracking and exploring emotional experiences in individuals:

Attending: The client attends to new aspects of experience in response to the direction of the therapist.

Refocusing: The client refocuses on inner experience as the therapist encourages the client to “stay with” and expand on meaningful moments.

Immediacy: The client focuses on the present, the poignancy of the immediate moment.

Expression Analysis: The client attends to nonverbal expressions such as voice tone and gesture, with the help of the therapist.

Symbolization: The client symbolizes experience in a way that helps to capture the essence of what has occurred.

Establishing intent: The client begins to formulate intentions and action tendencies based on new experiences.

Intervention/Skills

There are several key interventions that can help the EFT therapist navigate through the stages of EFT. In fact, the following interventions form the basic avenues for accessing the emotions, and are integral to the process of change: they are reflection, validation, evocative responding, heightening, empathetic conjecture and disquisitions. In the second stage of therapy, the therapist will implement the interventions of restructuring interactions, tracking and reflecting, reframing, and restructuring and shaping (Johnson, 2004).

As mentioned previously, reflection is the process used by the therapist to focus and reflect upon present key emotions (Johnson, 2004). The therapist uses reflection to direct the couple’s attention to the experience and help them understand it. This involves empathetic absorption of the couple’s experiences by the therapist and intense concentration. This intervention will slow down the interpersonal process within the session, and help the couple to feel seen and acknowledged, directing their attention to their inner experience (Greenberg & Watson, 2006).

Validation is another intervention. Validation affirms the couple's entitlement to their experience and to their emotional responses (Johnson, 2004). The EFT therapist's role is to confirm there is nothing wrong with these experiences and emotional responses. Evocative responding is used to capture and enhance the quality of any of the couple's experiences that are tentative, unclear, or emerging (Johnson, 2004). The therapist tentatively attempts to expand the clients' experience with the use of evocative imagery. The goal of the therapist here is to help the couple construct the presented experience in a more differentiated way. Questions that may be used during evocative responding are the following: "What happens to you when...?"; "How do you feel as you listen to...?" and "What is it like for you...?" (Greenberg & Johnson, 1988).

Another intervention is heightening. This may occur during the process of tracking the internal and interpersonal processes (Johnson, 2004). The EFT therapist may choose to heighten specific responses and interactions. The focus is usually on crucial negative cycles that maintain the couple who are stuck and in conflict. Positive interactions can also be heightened as and when they occur. This intervention can be used to help the couple form alternative ways of interacting. Heightening can be accomplished by repeating a phrase in order to increase its impact, by using posture and tone of voice to intensify what is being said, by using metaphors and images, by enacting responses, and by maintaining a specific focus (Greenberg & Watson, 2006).

Empathetic conjecture is an intervention where the therapist uses the couple's nonverbal, interactional, and contextual cues to determine their current state and to help them take their experiences one step further (Johnson, 2004). This procedure is not to provide more information for the couple, but to facilitate a more intense experience in the counseling session.

Through tracking and reflecting, the therapist focuses and clarifies the nature of the relationship (Johnson, 2004). From the early stage of the intervention, and from direct observation regarding problematic interactions, the therapist pieces together information from the couple. This information is then reflected back to the couple and identified as a recurring pattern. The importance of this intervention stems from the fact that by identifying and elaborating the negative cycle, the problem is externalized, blame is defused, and destructive arguments aimed at placing responsibility for the problem on the other decrease (Greenberg, 2002).

Reframing is another therapeutic skill that is useful in EFT. Reframing occurs in the context of the present relationship, and arises from increased elaboration of the emotional reality of the couple (Johnson, 2004). The interactional responses of the couple are framed according to the attachment process and underlying vulnerabilities. This intervention is more effective when it stems from the couple's examination of their own experience, how they symbolize the experience, and their process of interaction (Elliott, Watson & Goodman, 2003).

The final skill in helping a couple acknowledge hidden emotions is that of restructuring interactions. This task is performed through directed choreography, which allows the therapist to restructure interaction by directing one individual to respond to the other in a particular way through encouragement and by supporting expressions of needs and wants (Johnson, 2004).

Stages of EFT

The nine steps of EFT can be divided into three different stages or dimensions (Johnson, 2004): Stage 1 (Steps 1-4) is about assessment and de-escalation, Stage 2 involves changing interactional positions and creating new bonding events (Steps 5-7), and Stage 3 is consolidation/integration (Steps 8-9). Stage 1 is the hard part. This is

where the therapist seeks out vulnerable emotions, and very slowly builds awareness of these in the couple. Stage 2 involves creating corrective emotional experiences, such as teaching the couple to use “I” statements to identify their needs for themselves. Stage 3 entails resolving the negative cycle, which is now more easily and naturally solved because the emotional reactivity stemming from the attachment conflict is gone.

Stage 1: Assessment and de-escalation (Steps 1-4). In Stage 1, the first step is to delineate core issues in the conflict between the partners. As mentioned in the previous chapter, in experiential models assessment is not separate from treatment (Johnson, 2004, p. 103). For this reason, the EFT therapist is always learning about his or her clients, assessing their needs in every therapy session. However, the first two conjoint sessions of EFT, and the two individual sessions that usually follow, are conceptualized as assessment.

In EFT the therapist acts as a guide or a process consultant to the reprocessing and reorganization of the emotional experience of the client in relation to the partner. Interactions are reorganized in such a way as to promote emotional engagement and secure bonding. This is a powerful change process involving an exploration not only of each partner’s habitual ways of connecting to and engaging with intimate others, but also of his or her own emotions, attachment needs, and core representation of self. “The purpose is to generate a corrective emotional and interactional experience of self in relation to other, and also to empower people to create the kinds of relationships they want in their lives” (Johnson, 2004, p. 106).

Jesus, the Master Counselor (Isaiah 9:6), also used this approach to counsel and help people in distress. He never imposed his opinion on anyone. He gave free will to the ones He created, and allowed the counselees to process their emotional experiences. One example of this is Nicodemus. Much like the EFT therapist, Jesus served as a guide

or a process consultant to the emotional distress Nicodemus was experiencing in their encounter. Nicodemus's problem was that he did not have an I-Thou relationship with God. For that reason, he was feeling sad, empty and desperate, and asked Jesus how he might feel better and have eternal life. Jesus said to him that the solution lay in restoring his I-Thou relationship with God. "You need to be born again from above" (John 3:3). Jesus did not impose His plan of change on Nicodemus. He presented the truth to Nicodemus in love, and allowed him to experience the changing power of His truth.

According to Johnson (2004), the therapist has four goals in this first step. First, the therapist needs to develop rapport with both partners. His or her intention should be to create a bond where the couple feels safe to explore their emotions, and where they begin to have confidence that the therapist understands their emotional needs and is able to provide the necessary support.

Through this alliance with the couple, the therapist brings the necessary balance to the relationship, especially when one of the spouses is taking up more space because of a distancing/pursuit negative cycle (Goldman & Greenberg, 2015). Every Christian counselor should follow Jesus' compassionate example toward couples looking for relational healing. Jesus was available to build rapport with His counselees because of His high level of compassion and care toward them.

Many passages that refer to Jesus' compassion state first that He "saw" the people or He "looked upon" them. For instance, in Matthew 9:36 it is written, "Seeing the multitudes, He felt compassion for them." The account of the mourning widow states, "When the Lord saw her, He felt compassion for her" (Luke 7:13). These verses indicate that Jesus looked thoughtfully at others who were experiencing difficulties. He put Himself in their shoes and intentionally tried to feel what they were feeling. His compassion for them arose from a high level of empathy, and it was thus easy to

develop rapport with His counselees. In Hebrews 4:15 it is written that even in heaven He is “touched with the feeling of our infirmities”.

Second, the therapist assesses the nature of the problem in the relationship, especially to determine if the couple is suitable for couple’s therapy. This first step and session allows the therapist to assess each partner’s goals and agenda for therapy and to ascertain whether these goals are feasible and compatible, not only in terms of the partner’s individual agendas, but also in terms of the skills of the therapist. Third, the therapist creates a therapeutic agreement with the couple. That is, the therapist needs to create a consensus about possible therapeutic goals, and how the therapy will be conducted (Goldman & Greenberg, 2015).

Fourth, the EFT process is aimed at developing a topographical map of the prototypical interactions that define the attachment of the couple. In order for the therapist to build this map describing the relationship of the couple, he or she needs to use the following goal outline process: 1) the therapist must begin to enter into the emotional experience of the partners and sense how they construct the reality in the relationship, 2) in the first two steps, the therapist forms hypotheses about the vulnerabilities and attachment issues underlying each partner’s position in the relationship, 3) the therapist must track and describe the typical recurring sequences of interactions that perpetuate the couple’s distress and unforgiveness, and discover how these have evolved to the present condition, 4) the therapist must begin to hypothesize what might be impeding the couple from forming a secure safe haven in the relationship in order to bring forgiveness and healing to the attachment injury, 5) the therapist notes the strengths of the partners and the positive elements in the relationship (Johnson, 2004, p. 115).

In addition, Goldman and Greenberg (2015) present four objectives that must be accomplished at this stage. 1) listen to the presenting problems (relational and behavioral difficulties), 2) listen for and identify poignancy and painful emotional experience, 3) attend to and observe the client's emotional processing style, 4) unfold the emotion-based narrative/life story (related to attachment and identity).

Step 1: Listen to the presenting problems. Listening is one of the most important skills of any therapist in any model of therapy. Listening allows the therapist to understand the world of the couple and the problems he or she is experiencing. Jesus demonstrated this skill in His encounter with the rich young man, or the rich young ruler, who could not sell his wealth to follow God. Mark 10:21 records: "Jesus looked at him and loved him." Eye contact tells the other person that the therapist is really interested in hearing them. It shows that the therapist is not distracted and is turning to the client's problem or hurt in order to attend to his or her need.

Listening should not be restricted to verbal communication, but should extend to the non-verbal sphere, body language, and the message behind the message. This type of listening will help the therapist empathically mirror the couple's experience, helping to focus the clients' attention on underlying feelings and core meanings. That is, in a dialectical-constructivist formulation process the therapist and the clients begin to form a shared construction of the couple's present problem. Using active listening, the therapist should help the couple "name their hurt," or the relational problem they are facing which brought them to therapy in the first place (Goldman & Greenberg, 2015).

Early environmental experiences can be equally formative and influential in the development of early attachment. At this stage the therapist should thus be curious about such factors, especially the ones from peer relationships, because these significantly shape development. Persistent relational problem with peers can increase

the chances of clinical disorder later in life. Research has established that children come to know themselves partly from how they are treated by peers (Parker, Rubin, Erath, Wojslawowicz & Buskirk, 2006).

Step 2: Identify the negative interaction cycle. After listening to the present problem of the couple, the therapist begins to identify their negative interactional cycle. The way that the couple interact and express their emotions as they live together may have evolved into a negative cycle that has become vicious and maladaptive. Throughout the session, the therapist can identify this cycle as the couple re-enact or display their relational problem. Greenberg and Johnson (1988) put it thus:

A concrete description of each person's responses in a past fight, followed by a request by the therapist for one partner to state explicitly to the other how he or she feels about the other's responses, usually evokes a repeat of the original interaction. The identification of the cycle as it occurs is immediate and vivid in terms of the impact it has on the couple (p. 85).

Christian therapists using EFT need to develop the talent or gift of discernment to help the couples identify the negative relational cycle that is destroying the love in their relationship. Discernment is one of the gifts of the Spirit (1 Corinthians 12:10). Paul prayed for the Philippians that their love might "abound more and more in knowledge and depth of insight," so that they would "be able to discern what is best" and be pure and blameless (Philippians 1:9,11). Spiritual discernment is the ability to reach the correct understanding or to see the right thing to do in a situation from God's perspective. The effectiveness of EFT is connected to the ability of the therapist to identify this negative interactive cycle. A Christian therapist has the ability to pray to God to receive the Spirit of discernment to identify the negative cycle as the couple interacts.

“All negative interactive cycles are seen in terms of separation protest and attachment insecurity” (Johnson, Bradly, Furrow, Tilley & Scott, 2005, p. 66). All negative interaction cycles have a control and closeness dimension. For example, the pursuing spouses feel controlled by their distancing partners, while the distancing ones complain of feeling controlled by their nagging spouses. The pursuing and distancing partners reflect their experience in the relationship, and blame the problem in the dyad on their spouse.

There are a limited number of basic interactional patterns, cycles and positions when the therapist is using EFT in couple therapy. The most common negative cycle is pursuit/distancing behavior. In this cycle, the distancing position is a shutdown, non-responsive mode that often cues panic or aggression in the other partner, resulting in them saying: “I will make you respond to me.” Other patterns are generally variants of the pursuit/distancing behavior of the couple (Johnson et al., 2005).

Another negative cycle that the therapist should pay attention to is the distancing/distancing pattern. In this pattern the couple is not willing to engage emotionally, and in the face of conflict, both will withdraw from each other. While this may be the couple’s basic pattern, it is more likely that a pursuit/distancing pattern is the primary cycle. Sometimes the distancing/distancing cycle manifests because one of the spouses who was previously a pursuer gave up reaching for the partner. Another negative cycle is the attack/attack pattern. This pattern is the product of pursuit/distancing interaction that has escalated into attack/attack behavior. The distancer turns to anger because of the pursuing behavior of his or her spouse. After the fight, the distancer usually reverts back to the withdrawn position until the conflict escalates again. The same thing can happen with the pursuer turning to an attack position because of the distancer’s provocation (Johnson et al., 2005)

Complex, multimode cycles often occur in trauma-survivor couples where both anxiety and avoidance are high, resulting in more complicated sequences of steps. One example of a complex cycle is when one spouse makes coercive demands to control the other spouse, who then attacks back in self-defense. Both partners then distance themselves, and the wife becomes depressed for a period of three days or so. The husband begins pursuit, and the wife slowly responds and a brief period of loving sexuality ensues. Then the cycle repeats (Johnson et al., 2005).

The last negative cycle is the reactive pursuit/distancing cycle. This cycle evolves over time from previous long-term cycles. For example, a pursuing wife gradually gives up trying to get close to her spouse and begins to distance herself from the relationship, forming an emotional triangle with something else.

As the therapist identifies this negative cycle, he or she should look for the overall predominant pattern that most typifies the couple's interaction. "The couple will fall into this pattern when they are vulnerable" (Johnson et al., 2005, p. 68). Asking what happens between them when they fight can help identify the cycle. Learning about their history, and watching their interaction in the session can also identify the cycle. In other words, the therapist's task, at this stage, is to track the couple's interactions around closeness and distance by identifying the move that each partner makes in the cycle, and the music that primes these moves. The therapist then combines the moves and the music, showing how they prime and maintain each other. The therapist also outlines and elaborates how the reactive cycle has become the enemy of the couple. Another way to identify the markers or negative cycles that needs attention is by looking at the pain compass. As explained in the previous chapter, the pain compass directs the therapist to an area where attention needs to be focused (Johnson, 2004).

Identifying the negative interaction cycle of the couple always begins with the identification of the client's chronic enduring pain (Bolger, 1999).

Step 3: Access unacknowledged feelings underlying interactional position. The main goal of this step is to access the music of the couple's dance. That is, "the primary emotions that are usually excluded from individual awareness and not explicitly included in the partner's interaction" (Johnson, 2004, p. 131). The second goal in this step is to use the reactive emotional cycle of the couple, the attachment needs, and the emotional schemes reflected by such responses to expand the understanding of the couple's problems.

God is the Creator of our emotions. They are not a direct result of the Fall. Emotion is a brain phenomenon independent of thought. It has its own neuro-chemical and physiological basis and is a unique language through which the brain speaks. The limbic system is fundamentally involved in basic emotional responses. LeDoux (1996) found that there are two different paths for producing emotions: the shorter and faster amygdala pathway that sends automatic emergency signals to brain and body, and produces gut responses, and the longer path that produces emotion mediated by thought through a slower neo-cortex pathway.

One of the functions for which God created emotions in the human body is the rapid processing of complex situational information to prepare the person to take effective action. Emotional memories of lived emotional experiences are formed into emotional schemes (Greenberg & Paivio, 1997). Using these internal organizations or neural programs, people react automatically from their emotional systems, not only to inherited cues such as looming shadows or a comforting touch, but also to cues that have proved dangerous, such as fear of one's father's impatient voice, or to cues that have proved life enhancing, like a loved symphony. These reactions are rapid and

without thought. Emotional schemes are organized responses and experience-producing units stored in memory networks.

Pascual-Leon (1991) argued that emotions, rather than being governed simply by biologically and evolutionarily-based motor programs, are produced by the synthesis of highly differentiated structures that have been refined through experience and are bound by cultural learning into emotional schemes. Emotional schematic processing is the principal source of emotional experience and the target of intervention and therapeutic change in EFT. Emotional schemes are seen as having been formed from emotional events such as betrayals or abandonments that resulted in emotional reactions. The emotion will fade unless it is “burned” into memory. The more highly aroused the emotion, the more the experience and the evoking situation will form a memory. An emotional scheme is thus formed by emotions being connected to memories of the self in the situation. As a result, the emotional response can be recreated again and again long after the event. A memory of the painful event or a reminder of it then stimulates an emotional response.

According to Plutchik (2000), from at least the time of Descartes, philosophers have assumed that there is a small number of primary emotions and that all others are derived from these. For example, Descartes listed six primary emotions; Spinoza three; Hobbes seven; McDougall seven; and Cattell ten. Recently researchers have proposed between three and eleven emotions as primary. All these emotions include the following: fear, anger, sadness, joy, love and surprise.

Primary adaptive emotional responses are a direct reaction of the amygdala, consistent with the immediate situation, helping the person make the appropriate response to the situation. Jesus always used a primary adaptive emotion. As a man, He set an example for the emotions of the Christian couple. As God, He demonstrated the

emotions of the Creator. He marveled at the faith of the centurion (Matthew 8:10). He wept with sorrow at the death of Lazarus (John 11:35). He had an angry glare in Mark 3:5. He felt indignant when his disciple did not allow mothers to bring their children to him for his blessing (Mark 10:14). In Mark 11:17, Jesus was outraged because His house was commercialized. All these examples demonstrate how Jesus expressed his primary adaptive emotions, and should be an example for all Christian couples.

In this third step of EFT, the therapist must identify the three distinct types of emotional response. Although it is the therapist's job to understand all three forms of emotional response, only the first type, primary emotion, is fully functional, however. The other two maladaptive emotions are the following; secondary reactive and instrumental emotions.

Maladaptive emotions are also direct reactions to situations, but they no longer help the person cope constructively with the situations that elicited them; rather, they interfere with effective functioning. Secondary reactive emotions follow a primary response. In secondary emotions, the person reacts against the initial primary adaptive emotion, so that it is replaced with a secondary emotion. This "reaction to the reaction" obscures or transforms the original emotion and leads to actions that are, again, not entirely appropriate to the current situation. For example, when a partner hurts his or her spouse, he or she will often turn this hurt into anger. Then, he or she will be dealing with the anger, and avoiding the primary emotion of hurt, even though it is wiser and easier to deal with the hurt.

Maladaptive emotions surface because of an accumulation of unforgiveness and resentment in the heart. These maladaptive emotions replace the primary emotions and subvert healthy boundary setting, self-respect, anger, necessary grieving, and the adequate processing of unresolved emotion that leads to its transformation (Greenberg,

2002). The expression of these maladaptive emotions facilitates forgiveness, because it legitimizes negative emotions such as resentment and hatred desire for revenge. In Ephesians 4:31-32, Paul writes, “Get rid of all bitterness, rage and anger, brawling and slander, along with every form of malice.” This Bible text continues on the premise that those secondary emotions should be changed by positive emotions that produce kindness and compassion toward the other partner: “Just as in Christ, God forgave you.”

Greenberg and Paivio (1997) argue that the EFT therapist should at times encourage the couple to talk about their revenge fantasies. From this perspective, the desire to retaliate is normalized as a sign of how damaged the injured partner feels. Encouraging such expressions in therapy is not the same as promoting outwardly-directed blaming or the hurling of insults. On the contrary, the therapist is promoting ownership of a client’s emotional experience, and is empowering clients to appropriately assign responsibility for harm done. It is very difficult for forgiveness to heal the attachment injury that the couple is experiencing until both spouses have taken responsibility for those maladaptive emotions that are covering the primary biological adaptive emotion.

Finally, in instrumental emotions, the person reacts to the situation by enacting an emotion that is intended to influence or control others. This emotional response could occur in awareness, deliberately, or the person may act out of habit without full awareness (Goldman & Greenberg, 2015). Crying in order to avoid expected punishment is an example of an instrumental emotion.

The therapist will accomplish the goal of assessing emotional responses using different types of information, such as close empathic attunement, nonverbal cues, knowledge of general human emotion response sequences, awareness of his or her own

typical emotional responses, knowledge of the client, and knowledge of the kinds of emotional responses often found in the particular type of client.

Consequently, primary adaptive emotions need to be accessed and more fully understood. Maladaptive emotions are best handled by helping the client access, explore, and express a different, adaptive emotion. Secondary reactive emotions will demand from the therapist empathic exploration to discover the hidden primary emotions from which they are derived. On the other hand, instrumental emotions are best explored for their interpersonal function or intended impact on others (Goldman & Greenberg, 2015).

The final outcome of the therapy is to transform these maladaptive emotions with other adaptive emotions. This process involves helping the client access new subdominant emotions in the present by a variety of means, including shifting attention to different aspects of the situation; enacting, expressing, or imagining another emotional state; or focusing on what is needed and thereby mobilizing a new emotion. Greenberg (2002) has suggested that the key to transforming maladaptive emotions is to access alternative healthy adaptive emotions to act as resources in the self. Thus, in an emotion-focused treatment, feelings related to unforgiveness, such as anger, sadness, compassion, empathy and concern, eventually transform contempt and pain. The Apostle Paul summarized it this way:

Put on then, as God's chosen ones, holy and beloved, compassionate hearts, kindness, humility, meekness, and patience, bearing with one another and, if one has a complaint against another, forgiving each other; as the Lord has forgiven you, so you also must forgive. And above all these put on love, which binds everything together in perfect harmony (Colossians 3:8).

When the couple begins the process of transforming secondary emotions into primary emotions, forgiveness has begun, as has the process of healing the relationship.

Step 4: Redefining the problem(s) in terms of underlying feelings. After the feelings and the relational cycle have been identified in the previous step, the feelings are then redefined in terms of these newly-accessed emotional experiences. That is, the reframing of the problem is an interpretation that integrates the client's affective, cognitive, and behavioral experiences. The therapist works with the couple to acknowledge and experience these emotions and bring them into the session. Secondary emotions are noted and primary emotions are evoked as the therapist reframes the problem(s). "The therapist's goal is to help the couple tune into the music of the dance by listening to their primary emotions" (Johnson et al., 2005, p. 82). In other words, the couple develops an understanding of their relationship as distinct from the problem cycle that defines their experience.

For example, one problem cycle was originally defined as the wife making requests, the husband withdrawing, the wife pressuring him for a response, and the husband blowing up. With all the emotional information that the therapist has gathered, he or she might redefine the problem as follows: the wife is lacking trust and fears being shut out. The husband has a sense of inadequacy, and a desperate need to protect himself from his spouse's emotional reactivity. As the husband perceives her to be powerful, he withdraws from her in order to cope with the stressful relationship (Greenberg & Johnson, 1988).

Another important aspect of the reframing base is that "the reframe must capture and remain true to [the] underlying experiences" (Greenberg & Johnson, 1988, p. 95). For example, if the couple has fear and coping reactions such as defensive anger, the reframe base might be founded on key definitions of self in relation to the other. The

therapist could reframe the problem stating, “My wife is stronger and more competent than me; therefore, I am intimidated and withdraw from her.”

Stage 2: Changing interactional positions and creating new bonding event (Steps 5-7).

Step 5: Promote identification with disowned needs and aspects of self. The fifth step is the beginning of Stage 2 of EFT, which is focused on restructuring key interactions or changing interactional positions. Step 5 is concerned with the couple’s identification with the disowned aspects of experience and disclaimed action tendencies in the redefined cycle. As the therapist enacts the interactional cycle, the couple become aware of their automatic reactions and the disowned aspects of experience underlying the relationship.

The goal of the therapist in this important step is to help the couple increase awareness of, engagement with, and ownership of the attachment vulnerabilities, hurts, and fears that have been touched and named in Stage 1. “A new level of engagement in and delineation of these key emotions then sets the stage for a new level of engagement with the partner. This goal is called the ‘3Ds’: deepen, distill, disclose” (Johnson et al., 2005, p. 107). The second goal is labeled as accept/acknowledge, and is aimed at helping the couple accept their fears and hurts.

The key moves of Step 5 might appear as follows: 1) Since there is now more safety in the couple’s relationship, both partners can pinpoint the underlying feelings identified in Step 3 and incorporate them in the negative cycle that has taken over their relationship. The couple begins to confide to the therapist about the attachment needs. 2) The partner who is more distanced begins to elaborate on their emotional reality in the relationship, and begins to confide some of their experiences to the partner through enactments. This process helps the couple to value their own selves and the

trustworthiness of the other self. 3) As the therapist helps the couple to clarify their emotional pain, the meaning of the pain becomes clear and concomitant needs begin to emerge (Johnson et al., 2005). The therapist must keep in mind that “this step cannot occur until both spouses have been through the previous steps of acknowledgement in the cycle and begin to access the feelings underlying their position” (Greenberg & Johnson, 1988, p. 97). This fifth step facilitates a further move towards forgiveness.

Step 6: Promote acceptance by each partner of the other partner's experience.

This step continues building on the premises of the previous step. The therapist's goal is to facilitate the couple's acceptance of the other's newly experienced aspects of self and emotional responses. The therapist's task is also to encourage each partner to express his or her experiences with the partner and then facilitate the partner's acknowledgement of this experience, primarily by reprocessing interactions and exploring and blocking non-accepting responses. As a result, the key process at this point is the exploration and then the expression of underlying feelings such as resentment or vulnerability. However, the therapist must keep in mind that the expression of such feelings often evokes issues of trust and fears of disclosure as well as concerns about the other partner's ability to accept and respond to this expression (Greenberg & Johnson, 1988).

Step 7: Facilitate the expression of needs and wants to restructure the interaction. The context of this step is the two previous steps. For the couple, it is the processing of emotional experience in Step 5, and the subsequent interactional events in Step 6, that lead into the statement of needs and wants in Step 7. In other words, the emotional processing of Step 5 leads naturally into a heightened awareness and expression of needs and wants (Johnson, 2004). In this step, the focus of the couple has changed from a reactive preoccupation with the other and the effect on the other's

behavior, to a focus on the self and on the process of eliciting desired behavior from the other by representing the self differently (Greenberg & Johnson, 1988).

The therapist has three goals in Step 7: 1) to process and expand the emotional reactivity of Step 5 to include greater awareness and ownership of their attachment needs; 2) to facilitate experientially vivid awareness of attachment-related views of self and other; and 3) to integrate newly crystallized attachment fears and needs into interactions that restructure the relationship towards a more secure bond (Johnson et al., 2005).

This is the step where partners are able to share specific requests in a manner that pulls the other partner towards them and maximizes the possibility that the other will be able to respond with accessibility and comfort. In short, “the attachment signals are clear” (Johnson et al., 2005, p. 132). This process takes the emotional experience of Step 5 and further crystallizes emerging meanings into expanded views of self and other. This new meaning that will enable the couple to restructure the interaction comes from experientially processing attachment-related affect, now used to restructure the relationship.

At the end of Step 7, the couple is more accessible and responsive and able to communicate directly about their attachment issues, and as a result, the therapist can foster positive bonding events. This facilitates the last two steps of therapy, which include the process of termination.

Stage 3: Consolidation/ Integration (Step 8-9).

Step 8: Establish the emergence of new solution. This step involves the integration of new solutions into the problem situation that brought the couple into therapy. Since the individuals in the couple are able to take new positions in relation to each other, they will be able to respond positively and find new emotional responses.

For this reason, the therapy helps the couple to delineate the solutions and aids them in diffusing possible blocks to positive responding, highlighting and strengthening new positive patterns of interaction.

According to Johnson (2004), in this step the dynamic of the relationship changes because of these three factors. First, “issues become much simpler when they do not evoke attachment insecurities, power struggles, and battles over self and relationship definition” (p. 188). Second, the safe haven created by the therapist for the couple to explore their emotions fosters the exploration of issues, as well as the ability of each partner to stay engaged in the process of discussion. Third, the couple spends less time and energy regulating their negative emotions and protecting their individual vulnerabilities. A forgiving spirit at this stage is the catalyst that fosters new healing and a new experience of the relationship.

In addition, couples at this point are also motivated to break patterns of behavior that contributed to their previous alienation from each other. They may then decide to structure more intimate time together.

Step 9: Consolidate new position. This is the last step of EFT, and it is concerned with strengthening and integrating the changes that have taken place in therapy. The primary goal is to identify and promote healthy patterns of interaction, most commonly those characterized by the couple’s responsiveness and accessibility. In addition, the couple will be able to articulate the changes that they have made and their new understanding of their relationship. It is important that the couple address the differences between how they once acted towards one another and how they act now. They also need to be able to understand the emotions underlying each other’s action in the cycle. And finally, they need to affirm ways they have found to exit their cycle and connect to one another (Johnson et al., 2005).

When the therapist reaches Step 9, the couple moves towards termination. The EFT therapist should deal with the same termination issues that any experiential or client-oriented therapist addresses in general therapeutic practice. The process of therapy is reviewed, changes are clarified, and future goals in the relationship are discussed. The therapist should also discuss possible scenarios that may occur when the relationship is under stress and discuss how some form of relapse is inevitable, with an accompanying return to the old cycle. The couple should discuss with the therapist ways that they could use to exit the vicious cycle that brought them to therapy (Greenberg & Johnson, 1988).

In short, the therapist's role here is to strengthen the couple's sense of now being in control of their relationship and being able to handle any future problem. Ideally, the therapy sessions are terminated gradually over a number of weeks, being structured further and further apart. A few check-up sessions are also scheduled after termination to monitor the maintenance of treatment effects (Johnson et al., 2005).

Conclusion

EFT facilitates the Christian therapist in a therapeutic methodology that will help the couple reflect the ideal I-Thou relationship. EFT transforms maladaptive emotions into more adaptive ones that reflect the image of God. In EFT, the Christian counselor becomes an instrument in the hand of the Holy Spirit to guide a couple with attachment injuries into awareness of their secondary or instrumental emotions, and to help them begin to reflect primary emotions, following the example of Jesus. In addition, forgiveness is an important element of EFT. When the Christian therapist bases his or her therapy sessions on the theological and psychological perspectives of forgiveness, the counseling sessions move to a higher ground, facilitating the couple to experience attachment healing not only through their own effort, but by the power of

God, the Healer of all attachment injuries. The next section will present a case study where the different theories of the previous chapter will be considered in a real life example.

Chapter 6 A Couple Case Study

Introduction: Case Rationale

The case chosen for presentation in this chapter is that of a couple facing a great deal of marital distress. This case was chosen because it provides an opportunity to consider many of the ideas and concepts presented in this study related to an integrated view of marriage and family therapy. Some of these concepts include the effectiveness of Emotionally-Focused Therapy (EFT), especially when connected with the concept of the relational image of God. The case study includes the following: 1) the background and chief complaint of the couple, 2) a short history of the couple and the interpersonal relationship with their family of origin, 3) an outline of the EFT course of treatment, 4) and the conclusion, which illustrates the effectiveness of EFT with distressed marriages, and describes how EFT interventions can help the marriage institution develop the sort of I-Thou relationship that represents the relational image of God in human beings. For the purpose of confidentiality, names and identifying information have been changed.

Background

Ian and Cary, a newly-married couple from my neighborhood church, were seeking marital counseling. They were both 35 years old and Hispanic individuals. Both had emigrated from Latin America as adults, and Spanish continued to be their primary language. As is typical in Miami with individuals of such a Hispanic American background, adapting to client preferences, both Spanish and English were used during the assessment and counseling sessions. Cary has completed three semesters of college, and Ian has a high school education. At the time of the first meeting, both of them were working full-time; Ian as a longshoreman and Cary as a secretary at a small local business. They heard through a member of another church that I was doing my practicum in Marriage and Family Therapy, and they came to me asking for help with

their relationship. Cary easily developed an alliance with me and began to express her perceptions of the relational problems and the reason they were seeking professional help. On the other hand, Ian was more reserved at the beginning of the process, but eventually developed an adequate rapport with me. The following chapter provides a description of approximately 12 marital therapy sessions, with EFT being the primary modality.

Chief Complaint

Before the formal intake session, they stated that their three primary presenting problems were communication, anger management, and financial distress. A mental status exam revealed the following information: Ian came to the initial intake interview dressed and groomed appropriately, given his age and occupation. He was cautious in his approach, manifesting some difficulties in establishing rapport, but seemed engaged and motivated to improve his relationship with his wife. He was alert and oriented to time, place and person. His speech was clear while his volume was soft. His mood reflected being discouraged by his inability to resolve conflicts. His affect exhibited some anger towards his wife, but in a controlled way. His thinking was coherent, and there were no loose associations. His thought content was focused on marital conflicts, and financial limitations as the primary provider for the couple. There were no signs of delusions nor any form of hallucinations. There were no signs of suicidal or homicidal thoughts, intent or plans. His insight about his marital conflicts were relatively poor, failing to sufficiently understand his own role in the conflict. He was attentive throughout the intake process. His memory seemed intact although it was not formally tested. His vocabulary was in keeping with his high school education. Although not formally tested, Intellectual capacity seemed about average.

Cary was also appropriately dressed and groomed. She is quite outspoken and

engaging, and easily established a rapport. She is alert and oriented to time, place and person. Her speech is loud, fast, and deliberate. Her mood seems depressed and her affect is sad and angry. Her thought process is not evasive and there are no signs of loose associations. Her thought content is focused on their marital conflicts, and the poor relationship she has with her mother. No signs of suicidality nor homicidality is evident. Her Insight is good, being more psychologically minded than her husband. She is very attentive during the session. Her memory seems intact, although no formal testing was performed. Her vocabulary is richer, compared to that of her husband, likely reflecting her higher educational attainment.

History of the chief complaint. Ian and Cary's dating experience began at the church where Cary has been a member for many years. Cary gladly identifies herself as a born-again Christian, who was raised in the church since the time of her birth. Ian, on the other hand, did not know much about Christianity until he was invited to the church by a fellow longshoreman. From that very first day Ian liked the church and thus decided to continue attending. Shortly afterwards, he began to study the Bible and to prepare for baptism.

While dating, the couple experienced radical opposition from Cary's family. The opposition was both religious and cultural in nature. Cary's mother had strong reservations about the religious faith of Ian. Unequivocally, she wanted her daughter to marry someone from church, with the same strong spiritual background that Cary's family has. Ian's early footing in the church did not sufficiently reassure her that her daughter was dating a Christian. Culturally, Cary's mother was raised with very strict dating rules, and would not allow the couple to go out without a chaperone, in spite of the fact that they both were 34 years old at the time. Although the practice of one-on-one chaperones for social occasions has largely fallen out of use in Western society, this

dating norm and tradition is still practiced in quite a few Hispanic Christian churches and in many Caribbean Islands and Latin American countries. Even though Ian does not agree with nor understand this dating norm, he remained in the relationship and went along with the practice due to the fact that he stated that he was genuinely in love with Cary.

Later, Ian proposes marriage to Cary and formally asks her parents for their permission. Thereafter, they begin wedding preparations. Three months before their wedding day, they took a pre-marital course offered by some counselors as a means of obtaining a marriage license discount from their local municipality, and tried to resolve, as previously mentioned, some of the conflicts that they were experiencing. However, after nine months of dating, and without resolving many of the issues they were confronting, Cary and Ian were married.

Cary as the pursuer. Cary relates that since they wed, the couple has been arguing in ways that cause them significant distress. Sometimes their fights are so intense that they end up not talking to each other for days; they become quite furious and are at a loss as to how to resolve their conflicts. They largely failed to appreciate the positive conciliatory actions of the other partner; causing each other attachment injuries.

Cary is profiled as a pursuer in the relationship. She does not like to be alone or act independently. She has a low self-differentiation, and an enmesh relationship with her mother. Prior to her marriage to Ian, she most often did what her mother wanted in her family of origin. She clung to her mother for every major decision, and learned to depend heavily on others for guidance. Now that she is married, she continues with the same pattern of lack of individuation, difficulty with trust, and diffuse boundaries. Her world now revolves around Ian. She is overly protective, and is frequently looking out

for Ian and not enough for her own well-being, which places her in an inherently frustrating position.

Cary argues that she basically does not feel heard. Ian spends the majority of his time working and going to the gym, and gets home late. Cary feels that her husband does not have time for her because she is not a priority for him. According to Cary, Ian's priority is his work and not his wife. From Cary's point of view, Ian's absences have come to mean that he does not care for her.

In fact, at the beginning of the counseling process, Ian reported working around 10 hours a day, five days a week. He also goes to the gym for at least an hour, five days a week. Ian holds his physical conditioning in great esteem. He is athletic and is very proud of his sculpted body. He also eventually admits the obvious, that he likes staying away from home as a way to avoid conflicts.

When Cary's attachment needs are not met, she reacts by panicking and criticizing, in hopes that Ian becomes more emotionally available and responsive. For Cary, one of the ways to obtain her spouse's attentiveness is becoming emotional reactive toward him. However, her ultimate purpose is not to criticize, demean, or to be contemptuous, although that is much of what she did. But all along, instead, she was really longing for closeness, to be heard, understood, and valued by her husband. However, she feels that confronting her husband aggressively is the only way to get his attention. Cary's primary emotions are fear of rejection, abandonment and worthlessness, and her secondary emotion is anger, which is a way of dealing with her emotions and shielding herself.

In addition, Cary appears to have deficits in effective communication. As a pursuer, she often initiates her conversation in an angry voice. Normally, her words are loud, intense, and sharp. Her statements come in the form of accusations or criticisms,

and do not foster safety in the relationship. For this reason, Cary feels like an outsider who has to protect herself from her husband's attacks in her own home.

Ian as the distance. Ian recounts that in the majority of their conflicts, he makes the decision to simply "give in." That is a dysfunctional attempt to avoid conflict with his wife. He decides not to confront her with his primary emotions. Ian is very concerned about what he sees to be his wife's secondary reactive anger problem. He says that when she gets angry, she loses control, brakes objects, violates his space by getting too close and shouting in his face, by which the conflict concludes by Cary cutting off emotionally from him for several days. For example, one day, because of her pursuer negative behavior, she made approximately 100 repeated phone calls to him, as Ian was not answering her calls. She believed that he was cheating on her, which later proved to be not true. But by the time he arrived home from work, she was furious and had lost control of her temper. In addition, when she becomes emotional reactive, she tends to alienate everyone around her, including relatives, friends and co-workers.

Ian has brought considerable unresolved emotional baggage from his childhood to his current relationship with Cary. He has a hard time expressing love to his family or anyone, and most especially to Cary. He prefers to live in isolation from other people rather than to have a reasonably close relationship with those who care for him. Ian claims that he tries his best to please his wife, but says she is never satisfied. He reports that, "She gets mad at everything I say. We talk, but I don't feel like she hears or understands me. I ask myself, what I have done wrong. Is she right in what she is saying about me? Am I really a bad person?" His early family experiences leave him with many uncertainties regarding these questions as it will be discussed in the following session.

Ian also complains that he has to fight back certain images Cary portrays about him, in their attempts to communicate. She says that Ian is aloof, passive, and unsociable. When Ian hears these comments, he becomes defensive. In reality, he argues that he does not feel safe when she attacks him. For this reason, he withdraws from Cary by going into another room to play with his computer until the situation has calmed down, and he feels safe again. And as stated above, between work and the gym he often avoids being home at all.

Ian is profiled as a distancer in the relationship. He appears as relatively calmed, and avoids saying what he thinks in order not to escalate the conflict. He feels inadequate and frequently withdraws. In addition, Ian feels deeply disrespected by his wife. She attacks him in front of just about anyone, producing a lot of shame for what he feels is her malicious behavior. It seems that Ian's withdrawal is a response to his feelings of anxiety, not being important to his wife, or he feels he is simply failing his wife. Ian's primary emotions are fear of inadequacy, failure and shame. However, as his pattern of behavior demonstrates, he hides these emotions with his secondary emotion, which is coldness.

Family History

Cary's family of origin. Cary's family of origin is a close type of family, with rigid boundaries. She has one brother and two sisters. Cary is the youngest of the four children. Her parents have been married for more than 30 years. Cary's mother is the one that sets the rules in the house and emotionally is the head of this close-knit family. In her uncompromising manner, she likes to do things her own way. If Cary or anyone does not agree with her, she will quickly take it as a personal affront. She will then become angry and cut others off emotionally without any explanation.

Cary's parents have a pursue-distance relational negative cycle. Cary's mother,

the pursuer, is strongly non-individualistic, has difficulty being alone, and constantly seeks high levels of intimacy, approval, and responsiveness from her family. According to Cary's account, her mother was raised by her aunt and developed what could be seen as a preoccupied-anxious attachment style. She wishes to be emotionally intimate with others, especially her family; however, she often finds that Cary is reluctant to be as close to her as she would like. When others are not dependent on her within a relationship, she could become anxious. In addition, Cary stated that her mother has the tendency to please everyone to win care and support.

According to Cary, her mother's distorted view of intimacy has led her to become overly dependent on her daughter. Since Cary's mother bases her worth on the type of relationships she has with other people, she has developed very low self-esteem. Cary further reports that when her mother encounters failures in dependency, she begins to cry, accusing Cary of not loving and caring for her. Her mother is inconsistent and intrusive in the relationship with her daughter. She wants to have control over everything, not only in her own house, but also in Cary's house and life. Cary's mother never accepts "no" for an answer. When Cary resists her mother's opinion, she becomes angry and interprets Cary's resistance as a rejection of her as a person, manifesting with this behavior her anxious-preoccupied attachment style.

Cary's account concerning her relationship with her father is that, "my dad is an angel, and tries not to get in an argument or confrontation with anyone, especially my mother." Overall, the relationship that Cary has with her father seems to be healthier than the relationship she has with her mother. Based on Cary's perspective, her father displays an anxious-preoccupied attachment style. Apparently, he craves intimacy, but tends to feel doubtful about his own worth, making it harder for him to believe that he is loved and cared for by his spouse. Consequently, he seems to isolate from his wife in an

effort to avoid being hurt and rejected. As he tries to distance himself from his wife, it seems that he becomes the withdrawer in this negative cycle.

Ian's family of origin. Ian was born in a single-parent home, led by his mother. He has two older brothers and a younger sister. His parents were divorced when Ian was only about four years old. Ian's father was totally absent throughout Ian's childhood, providing neither financial nor emotional support. For obvious reasons, this paternal abandonment represented a heavy burden for Ian and his family. Ian developed a relationship with his mother at best described as disengaged. According to Ian, his mother never showed him love and affection. He was raised in a very dysfunctional home where his mother was also an emotionally absent figure in his life. Even though she was present during Ian's childhood, she was emotionally disengaged from him. And as soon as Ian became an adolescent, his mother sent him to a government sponsored boarding school and would rarely visit him. Problems in the relationship with the mother did not stop at being disengaged.

According to Ian's perspective, as a result of the physical, verbal, and emotional abuse he received from his mother, it seems he grew up developing an anxious-avoidant insecure attachment. He has a negative view of himself and others. He feels that he cannot trust nor love other people because he is afraid of being hurt again.

As Ian became disengaged from his mother, he developed defense mechanisms to protect himself from anticipated rejection. He learned to live in isolation in an atmosphere where the strongest was the winner and the loser the weakest. These childhood experiences began to cement his withdrawn attitude toward life as a way to protect himself from rejection. As seen even from the time of Ian's intake interview, it is clear that he has difficulty building trust and tends to avoid conflict at all cost. He also learned to avoid displaying emotions and being vulnerable with his relatives.

As noted above, when he was 12 years old, his mother sent him to a boarding school which was far from home, manifesting through her decision the dynamics of her relationship with her son. She promised that she would visit him, but that rarely happened. He lived in this boarding school away from the care and protection of his parents; learning to fight and survive among strangers. The fact that Ian's mother sent him to this school, resulted in a deep hatred inside of Ian. Twice a year he went back home to visit his mother and when he arrived at the house, he repeatedly experienced humiliation, favoritism toward his brother, and verbal and physical abuse, because he was considered the "black sheep" of the family. He developed an avoidance relationship with his mother and grew up with the tendency to evade her and any other caregiver. Ian became angry and distant from everyone; his pleas for attention were painfully either rejected or ignored, and reaching out to others was seen by him as impossible. As soon as he was old enough, he began to live independently from his family and married his first wife when he was only 22 years old.

Initial Formulation of the Case

The negative cycle of this couple can be summarized as follows: Ian is a withdrawer and Cary is a pursuer. Cary pursues Ian as she looks for intimacy and security, while Ian dislikes to be pursued by someone looking for closeness. In reality, Ian has few clues as to how to be attached emotionally to a loved one. In conclusion, both patterns of behavior are deeply connected to the ways that Ian and Cary were raised in their families of origin, and the attachment styles they developed. This in turn has led to endless conflicts in their marriage, and since they have limited emotional resources, they are projecting all their needs onto each other.

Course of Therapy

After considering the information gathered in the intake interview, and the

process of developing rapport with Ian and Cary, I decided that the best course of action for assisting this couple was to use Emotionally-Focused Therapy (EFT) in couple's therapy. When I explained the effectiveness of EFT to Ian and Cary, the approach made sense to them and they decided to engage in treatment. This seemed to me to be the foremost therapeutic methodology to accomplish the changes in the relationship they were looking for to help them experience satisfaction and stability in their relationship. The couple agreed to attend ten weekly sessions.

Stage 1: Assessment and de-escalation (Steps 1-4).

Session 1 and 2. The first two sessions were dedicated to listening to the presenting problem and formulating the case conceptualization. According to EFT, the goal of these two sessions is to identify the dance of this couple. The way that Ian and Cary interact and express their emotions has formed a negative cycle that has become vicious and maladaptive. This cycle is destroying the attachment bond in this couple. For this reason, in order to understand more effectively this negative cycle, it needs to be seen in the context of attachment, specifically, in terms of separation protest, and attachment insecurity.

The negative cycle of Ian and Cary has a control and closeness dimension. For example, Cary feels controlled by Ian, the withdrawer partner, while he complains of being controlled by his nagging spouse. When she sees the indifferent lack of attachment of her spouse, Cary's attachment behavioral system is activated, and she begins to pursue Ian, looking for attachment, security, and intimacy. Since Ian has a withdrawal behavioral pattern, he does not welcome this attitude of Cary's and tries to isolate himself from her. She reacts with anger, violence, or irritation, and the majority of the time she emotionally cuts off from Ian. She tries to resolve the conflict using the same method that she learned from her mother. According to Cary's account, the

thoughts that these experiences trigger in her mind are the following: “I am not important. I cannot survive without Ian, and he does not love me anymore.” As a result, she experiences moods of emptiness, anxiety and depression, and flounders in her search for solutions. This is the pain compass of Cary’s experience.

As mentioned before, Cary has an anxious-preoccupied attachment style. She has learned from early childhood that her bond with her mother may be lost because of her mother’s insecurities. Consequently, Cary does just about anything to try to stay close to Ian. She has become a people-pleaser, performer, caretaker, silent observer, and an angry pursuer, all in hope of avoiding being unloved and rejected. Cary is controlling Ian in order to ensure closeness to him. She senses that Ian is emotionally unavailable or views her unfavorably. At the same time, she sees herself unworthy, undesirable, unsure of her own abilities, and uncertain about her value as a person. Cary fears Ian does not want to be as close as she desperately wants to be. Cary grew up in an enmeshed and parentified family with an unpredictable mother who was caught up in her own emotional upheavals, and apparently, failed to be able to produce a safe haven where Cary could have learned affect regulation.

By contrast, Ian developed a sense of mistrust and abuse in his childhood because he was raised in an abusive and neglectful family environment. Ian clearly tends to avoid intimacy. He does not share his innermost thoughts and feelings with Cary, and frankly with no one else. Consequently, he lives in isolation and his emotions are characterized by a withdrawal pattern. When Cary pursues him and especially when her frustration sets in and she begins to blatantly attack him with negative comments and criticism, he withdraws and isolates himself from her. He wants to avoid confrontation at all costs and hides his anger behind his isolation. When he is experiencing these episodes, he has these automatic thoughts: “Cary cannot be trusted.

This relationship will not last too long because she will abandon me. No one cares about me. I am not important.” As a result, he develops anxiety and fear toward his loved one. This is the pain compass of Ian’s experience.

As mentioned in the intake interview session, Ian has a fearful-avoidant attachment style. He suffered significant parental hostility and overt rejection from his mother. Ian has a hard time trusting Cary for comfort and love, and he has an even more difficult time trusting when Cary does come close to him. Sometimes Ian assesses his partner’s behavior as intentionally hurtful or betraying, and he seems to distort Cary’s motives. The longing of Ian for acceptance is intertwined with the fear of being hurt and rejected. The hurts that Ian received in the past pave the way for him to be hyper-vigilant in his relationship with Cary. For this reason, the hurt just serves to confirm that his relationship with Cary is just not safe. By the end of the initial session, Ian stated, “I am losing it. I don’t want to live without Cary, but I am not sure I can live with her either. She does not want someone like me.”

The attachment styles of Ian and Cary have contributed to a negative cycle of pursuing/distancing. As mentioned before, Cary is the pursuer, and Ian the distancer in the relationship. Cary, the pursuer, feels controlled by her distancing partner, while Ian complains of being distressed by his wife’s attacks. The following excerpt confirmed the negative cycle of this couple.

Cary: “When you come home from work, and I have prepared a meal for you, you criticize my meal; making negative comments that hurt me. I try to tell you how your negative comments make me feel, but you don’t listen.”

Ian: “You are always crying and nagging. I do not understand why you are attacking me unfairly. I try to listen to you, but you are always complaining about something.”

Therapist: Cary, “what happened after that?”

Cary: “When I hear Ian defending himself and not understanding how I feel, I explode and begin to attack and fight with him.”

Therapist: “I understand you are feeling alone and insecure (empathic attunement). Ian, what is your response to her when she begins to attack you?” (Track and reflect).

Ian: “She raises her voice louder, and my defenses go up. She talks down to me, and I can’t phrase things as well as she does, so I feel misunderstood and frustrated.”

Cary: (Crying and with a harsh voice) “I scream at you because you do not understand how I feel. You don’t care about me; you don’t see how you have hurt me. You are wrong!”

Ian: “This is exactly what happens at home. She screams at me, and talks down to me. And then, after all of that she begins to cry, and that makes me feel guilty and responsible for the problem.”

Therapist: “Cary, I understand that this is very painful for you (empathic attunement). Your tears tell me how hurt you are right now (validation). (After a short pause) Ian, what do you do next when this happens?”

Ian: “At that point, I feel there is nothing I can do to change her perception about me. I cannot be compassionate, so I shut down and withdraw from her.”

Therapist: “Cary, what do you do when you see Ian distancing from you?”

Cary: “I feel more desperate and angry at him, and sometimes I begin to get physical with him.”

Therapist: “So, you lose control when you feel that he is rejecting you (reframing)?”

Ian: “When she gets like that, I feel I have to leave until things cool down. Our argument is not going anywhere; on the contrary, it is escalating. So, I step back and leave her alone.”

This excerpt from this session’s transcript is a typical example of the negative

cycle that is destroying this couple's bond. This negative cycle could be formulated in terms of Ian protecting himself by staying at a distance and avoiding Cary's anger, and she being vigilant about any sign of rejection from Ian. As Cary becomes more insecure and distressed because of Ian's negative behavior, Ian feels more helpless and distances himself further from his spouse. As Ian distances, Cary feels betrayed and becomes even more enraged and furious.

Cary and Ian are victims of their negative reactive cycle. For this reason, I tried to explain the cycle to them in a non-blaming manner: Cary had a very good reason to doubt Ian's commitment to her because she grew up in an enmeshed and parentified family with a difficult mother who did not know how to express her own emotions, and failed to provide a safe haven. As a result of Cary's upbringing, she understandably but dysfunctionally, tries to protect herself every time she senses that the attachment is threatened. Ian will naturally distance himself from anything that reminds him of the verbal and physical abuse he received from his mother, and also her rejection and abandonment. In an effort to avoid being hurt again, he makes sure that he distances from and stonewalls his wife.

The problem of Ian and Cary is not just that they have incompatible characters or temperaments, but that they have an unperceived common enemy. In fact, they have not been able to recognize it. This enemy is the negative reactive cycle in which they have engaged. This common enemy is the one that is keeping the couple from the closeness they have been seeking in their relationship.

Ian and Cary are fighting for connection. Their attachment insecurities do not let them find the connection they are both seeking in their own separate ways. They both have attachment needs and try to satisfy those attachment needs in ways that invariably lead to failure. Cary, the pursuer, tries to protect the bond by pursuing Ian for

connection, in an effort to finally find a safe haven or a secure base in him. Pursuing and attacking becomes a way of getting Ian's attention, or demanding a response to keep the attachment in the relationship. Ian, on the other hand, protects the connection by distancing himself from his wife to avoid being hurt.

At the end of the first two sessions, I accomplished four main objectives: 1) an understanding of the couple's interaction around closeness and distance by identifying the moves that Ian and Cary make in the cycle, and the music that primes these moves. 2) an understanding of the combination of the moves and the music of the dance cycle, and how they prime and maintain each other. 3) an explanation of how the reactive cycle has become the enemy of the couple. 4) an understanding of the pain compass that is influencing the negative cycle.

Session 3. The first objective of this third session is to access the music of the couple's dance. This music is the primary emotion that is usually excluded from individual awareness and not explicitly included in the couple's interaction. The second objective in this step is to use the reactive emotional cycle of the couple, the attachment needs, and the emotional schemes reflected by such responses to expand the understanding of the couple's problems. Indeed, emotions fuel the negative cycle of the couple, and for this reason, Ian and Cary express their secondary emotions when they feel hurt. They express these emotions when it is too difficult for them to share their inner hearts. These emotions help them to protect their softer sides and cloud their true feelings. The following excerpt presents a moment in the session where I could perceive their secondary emotions in action.

Therapist: "Cary, what do you do with those feelings of loneliness or when you get angry? Help me understand what it looks like for you when you are upset with or hurt by Ian?" (Evocative question).

Cary: “When I see that Ian is unavailable emotionally, and I cannot count on him because he is not emotionally present, or is distant from me, I get angry, yell, accuse Ian of being aloof, thoughtless, and not caring about me. I criticize him, and we fight. Then, I go into my room, slam the door and cry.”

Therapist: “Is that your way of letting him know that you are hurt?” (Validation of emotions and realities)

Cary: “Yes, that is the way I express to him how he is hurting me. He makes me remember the hurt I received from my mom when she was not emotionally connected to me.”

Therapist: “It sounds like you end up feeling bad about yourself because you cannot trust him.” (Evocative response)

Cary: “I end up feeling inadequate for my husband, and rejected.”

Therapist: “Ian, what do you do with your feelings of being judged, criticized and afraid of failure?” (Evocative question, heighten and expand)

Ian: “I feel frustrated that she sees me this way, that there’s nothing I can do to make her not believe this about me.”

Therapist: “How do you respond to her criticism and attack?” (Evocative question)

Ian: “I try to defend myself, but for the majority of the time this does not work.”

Therapist: “Does not work?” (Heighten and expand)

Ian: “Correct, it does not work because the more I defend myself, the more she screams, attacks and gets angrier.”

Therapist: “What do you do after that?” (Evocative question)

Ian: “I withdraw from her. I get busy. I shut her out, and leave. I do anything to avoid her and disconnect from her. I have feelings of coldness.”

In this interaction between Ian and Cary, I identify the secondary emotion that

both partners are using to hide their primary emotions and protect themselves.

Specifically, the secondary emotion of Ian is coldness. For her part, the secondary emotion that Cary is expressing is anger.

The outcome of EFT is to replace the maladaptive emotions of Ian and Cary with other more adaptive emotions, or primary emotions. This process involves helping this couple to access new subdominant emotions in the present by a variety of means, including shifting attention to different aspects of the situation, and/or imaging another emotional state. The following sequence illustrates how this begins to happen.

Therapist: “Cary, what is happening to you behind that anger and frustration?”

(Evocative question)

Cary: “I feel afraid, lonely, rejected, left alone, abandoned, and far away from Ian.”

Therapist: “Ian, what is happening to you behind that rejection and criticism?”

(Evocative question)

Ian: “No matter what I do, I am not good enough for her. I try to do my best, but I always end falling short. It is sad. I feel frustrated and lose hope.”

As evidenced by this script, the primary emotions of Cary are fear of rejection, abandonment, and worthlessness, and the ones for Ian are fear of inadequacy, failure, and shame. Helping the couple identify their primary emotions is a milestone in EFT therapy. Therefore, I must help the couple begin to process their primary emotions instead of their maladaptive emotions. Usually, men identify feelings of inadequacy and incompetence. Women usually identify feelings associated with lack of connection and deprivation of contact. Since they know that their major enemy is the negative cycle they are involved in, learning to express their primary emotions instead of their secondary emotions is part of the transformation they will experience in their relationship.

Session 4. After the second emotional and negative relational cycle was identified in the previous session, the feelings Ian and Cary experienced in the last session were then redefined in terms of these newly-accessed emotional experiences. That is, the reframing of the problem is an interpretation that integrates the client's affective, cognitive, and behavioral experiences. I worked with the couple to acknowledge and experience these emotions and bring them into the session. Secondary emotions are noted and primary emotions are evoked as I reframe the problem(s).

In this session, through carefully tracking and reflecting on Ian and Cary's problematic pattern of interaction, I began to create a new non-blaming description of the couple's negative cycle. This was not presented in a negative way, but in a constructive way that could help the couple shift the blame from the partner to the cycle. A very brief part of the session will be transcribed here.

Cary: "Yesterday, I had an argument with Ian because we have been coming to therapy for a month and he continues avoiding me. He talks to me just as necessary, and does not care how I am feeling. His action frustrates me and makes me feel afraid, lonely, and rejected."

Therapist: (Interrupting Cary) "Slow down a little so we can process what you are saying right now. You said that yesterday, when you saw Ian distancing, you became afraid that you might lose your connection with him, and then you tried to protect the relationship by pursuing and making him pay attention to you? Is that what really happened?" (Restructuring and shaping emotional interaction)

Cary: "That is exactly what I felt. I was afraid of being alone."

Therapist: "Cary, could you look at Ian and tell him what you really felt yesterday? Say the following: "Last night, I was afraid that I might lose you and that is the reason that I pursued you in an effort to feel more secure with you.'"" (Reframing negative

interactional pattern)

Cary: “Ian, yesterday, I was frightened that I might lose you. I tried to pursue you in an effort to feel more secure in our relationship.”

Therapist: “Ian, what goes through your mind as you listen to your wife’s broken heart speaking to you?” (Heighten and expand)

Ian: “I feel guilty. I did not know that she was trying to be close to me. I feel sorry for that.”

Therapist: “Could you tell her that?” (Track and reflect the process)

Ian: (with tears in his eyes) “Cary, I am very sorry I made you feel afraid, lonely and rejected. I will change my behavior, and ask God to help me.”

At the end of this session, the couple was ready to begin to work on the next Stage of EFT: changing interactional positions and creating a new bonding event (Steps 5-7).

Stage 2: Changing interactional position, and creating new bonding event (Steps 5-7).

Session 5. My goal with Ian and Cary in session five was to promote identification with disowned needs and aspects of self. As I enacted the interactional cycle, the couple became aware of their automatic reactions and the disallowed aspects of experience underlying the relationship. Another goal for this session is to help the couple to accept/acknowledge their fears and hurts. Since there was now more safety for the couple to express their feelings, the couple began to confide their attachment needs to me as you will notice in the following section.

Cary: “I long for him to tell me that he really cares for me, by listening to me, and understanding how I feel. I want him to tell me that he chooses me and loves me. I want him to hug me and make me feel close to him.”

Therapist: “Cary, I am wondering if you could try to talk to Ian about this now. You could say something like this to him: “Ian, I need you to make me feel secure and loveable. I want you to hug me, kiss me and desire me.”

Cary: “Ian, I don’t remember the last time that you hugged me and kissed me. I need you to make me feel that I am secure in your arms.”

Ian: (standing up, he hugs Cary and kisses her on her lips. Cary begins to cry). “I love you Cary.”

Therapist: “Cary, how do you feel inside right now?”

Cary: “I feel that for the first time, I am secure, accepted and loved.”

Therapist: “Ian, is there is anything that you want to say to Cary now?”

Ian: “I long for her to affirm me and see my value as her husband and respect me. I also want her to stop attacking me and begin to trust me, and be a companion to me.”

Therapist: “Cary, what do you feel when you listen to your husband’s petition for respect and acceptance?”

Cary: “I am sorry for making him feel like that.”

Therapist: “Could you say this to him? “Ian, I am sorry for pursuing you and attacking you when I feel that I am losing my connection with you.””

Cary: “Ian, I feel bad for pursuing you and attacking you when I feel that I am losing my connection with you.”

Therapist: “How does it make you feel Ian?”

Ian: “I feel great. I feel accepted and respected.”

Session 6. This session continued building on the premises of the previous session where Ian and Cary begin to explore disowned attachment needs. My goal in this session was to facilitate the couple’s acceptance of the other’s newly experienced aspects of self and emotional responses. My task was also to encourage both partners to

express their experiences to one another and subsequently facilitate the partner's acknowledgement of this experience, primarily by reprocessing interactions and exploring and blocking non-accepting responses. As a result, the key process, at this point, was the exploration, and then the expression of underlying feelings such as resentment or vulnerability.

Ian: "It seems we are improving in our relationship. Last week, I felt better. Cary did not attack or blame me. I felt more accepted."

Therapist: "I see that you are feeling less rejected and disappointed, and more accepted in the relationship. Is that what you are trying to say?"

Ian: "Yes."

Therapist: "Could you face Cary and tell her about your new experience?"

Ian: (Facing Cary) "Since our last session, I am feeling accepted and respected. For the first time, I feel that I belong to you. I enjoyed your companionship, and that makes me feel more confident about myself."

Cary: "I never knew you felt so hurt by my attacks. I want you to feel valued and respected. I just need you to stay connected and not pull away. When I sense that I am losing your connection, I feel insecure, and do anything to get your attention."

Therapist: "Ian, what goes through your mind when you hear Cary telling you how she feels?"

Ian: (Facing Cary) "I never knew you were scared of being alone. I do not want you to be hurt. My problem is that it is very hard for me to come close to you when you are attacking me."

Cary: "I want you to understand that it is not my intention to be cruel to you. Under my unpleasant words, criticism, and pursuing is a longing for you to pull me close to your heart and love me. I want you to work with me as a team. I do not want to feel alone

again.”

Ian: “I recognize that I am not the perfect spouse. These therapy sessions are helping me to grow and be more engaged, but I need you to accept and value me and then grow with me as we learn to support each other in our journey to a better life.”

This transcript demonstrates that this couple has reached Step 6 of EFT. As they are able to share their feelings and needs from a less critical position, they are capable of building empathy and understanding for each other, be there for each other, and be emotionally connected.

Session 7 and 8. These two sessions are dedicated to processing the emotional experience of Step 5, and the subsequent interactional event in Step 6 that led into the statement of needs and wants in Step 7. In these two sessions, the focus of Ian and Cary changed from a reactive preoccupation with the spouse and the effect or the spouse’s behavior, to a focus on the self and on the process of eliciting desired behavior from the spouse by representing the self differently. In these sessions, Ian and Cary shared specific requests in a manner that pulled the other partner towards them and maximized the possibility that the spouse would be able to respond with accessibility and comfort.

I had three goals for these two sessions: 1) to process and expand the emotional reactivity of Step 5 to include greater awareness and ownership of their attachment needs; 2) to facilitate experientially vivid awareness of attachment-related views of self and other; and 3) to integrate newly crystallized attachment fears and needs into interactions that restructure the relationship towards a more secure bond.

Ian: “I am afraid that Cary will see how inadequate and ineffective I am.”

Therapist: “You fear to be in contact with Cary (validating). Could you tell Cary what you really fear?”

Ian: (Facing Cary) “I am afraid that you will reject me like my mom. My mom made

me feel like a failure, a bastard, and unlovable. When I come home and you begin to attack/blame me, it is like I am hearing my mom abusing me verbally.” (He stops and begins to cry).

Therapist: “What is the fear behind your tears?” (Evocative questioning) “Could you try to share it with Cary?”

Ian: “I fear that I will never be enough for you, and make it up to you. I feel empty inside without anyone to hug me and care for me. I feel abandoned.”

Cary: (with disbelief) “I don’t believe him. And, I am hurt too.”

Therapist: “Do you see his pain in those tears?” (Evocative question)

Cary: “I feel bad for you. I did not know I was hurting you.”

The emotional experience that Ian is feeling at this time is the key for him to tell Cary where he is and what he wants. As a result, he begins to feel validated in his emotions and begins to articulate his emotional elements as follows:

Ian: “I cannot continue living my life trying to prove that I am valuable to you. I do not want to continue dealing with your attacks and criticism because that is exactly what makes me feel scared to try to get close to you, and for that reason, I distance myself from you.” (After a short pause) “I would rather withdraw from you and accept the fact that I am alone in this life, than continue living like this because no one cares for me.”

At this time, I asked Ian to be brave and tell Cary what he really needs to stop feeling that way, his desire, and the role he wants to play in the relationship. This is the moment for Ian to define the type of relationship he really wants to have with his wife.

Therapist: “Ian, what do you really want from your wife?” (Restructuring interaction)

Ian: “I want her to affirm me and see my value as her husband, and respect me. I long for her to trust me, accept me, and be my wife, not my enemy.”

In another session, Cary was also able to process her emotional experience.

However, rather than focusing on Ian's faults, she began to center more on herself, and tried to access her powerful attachment-related fears that she has carried from childhood. She mentioned that one day when she lost her job, she came home devastated and in need of support. She was very vulnerable and she was longing for support from her husband, but Ian was emotionally unavailable. From that day, she decided never to open up to her husband in search of emotional support again.

Cary is relating to an attachment injury that she experienced a long time ago, and it was not dealt with properly. Ian never apologized to her, and she decided to move on with her life and protect herself by being more defensive toward him. I helped the couple to heal from this attachment injury following the steps presented in the previous chapter. At the end of this process, Ian and Cary were able to continue the exploration of their attachment needs and to discover how they as spouses could meet each other's particular needs.

Stage 3: Consolidation (Steps 8-9).

Session 9 and 10. These two final sessions involve the integration of new solutions to the problem situation that brought Ian and Cary into therapy. Since the individuals in the couple could take new positions in relation to each other, they were able to respond positively and find better emotional reactions. For this reason, I helped Ian and Cary to delineate the solutions, and aid them in diffusing possible blocks to positive responses, highlighting and strengthening new, positive patterns of interaction.

One of the problems they focused on is their finances. Since they had such communication limitations, and had a negative cycle of pursuing/distancing, they had not been able to begin to resolve their financial problems. However, now that they were able to express their emotional experience with a non-anxious attitude, they finally began to find mutual solutions to their financial problems. As his contribution to the

resolution of the problem, Ian decided to find a part-time job. For her part, Cary understood that she could not continue spending the amount of money that she was spending on clothes. I helped them to jointly create a budget and to rule their financial activities by abiding to their agreed upon budget. They are very happy with their conjoint solution to this previously intractable problem that was consuming them. The emotional dynamic experienced by Ian and Cary is powerful, productive and noticeable. They are supportive to each other, and are gradually making the other partner important in increasing aspects of the relationship.

Another key issue that Ian and Cary need to tackle is their spiritual life. They relate to God in much the same way that they relate to each other. They feel distanced from God. I explained and helped them understand the importance of allowing God to be the center of their relationship. God wants them and all couples to reflect His relational image. The negative cycle they have is the enemy that is not allowing them to reflect the image of God in their lives. I proposed that healing, in its full potential, cannot be experienced without reflecting the true image of God.

Ian and Cary are praying together to ask God to heal their hearts and put a forgiving spirit into their minds. As they grow in their relationship with God as is always the case, they simultaneously grow in their relationship with each other. I taught them how a couple walks in the Spirit in their relationship. And they are now putting this lesson learned into daily practice. That is, a couple's relationship needs to be guided by the Spirit of God. Each time they make a comment, or respond to an attack or a comment, they need to ask the Holy Spirit what Jesus' answer would be in that scenario. As a couple, Ian and Cary have learned that the most important aspect in their relationship and lives is to have the awareness of the vivid presence of Jesus as they relate to each other; asking at every turn, "would God be glorified by my behavior?"

These final three sessions are a veritable turning point for Ian and Cary, because God is beginning to reflect His relational image in their lives together.

Session 11. This last session is concerned with strengthening and integrating the changes that have taken place throughout the therapy. The primary goal is to identify and promote healthy patterns of interaction, most commonly those characterized by the couple's responsiveness and accessibility. In addition, the couple was given the opportunity to articulate the changes that they had made and their new understanding of their relationship. It was important for Ian and Cary to contrast the differences between how they once related towards one another, and how they were acting in this last session. Additionally, they understood that the real enemy of the relationship is not their spouse, but the negative cycle itself. They need to realize that using the tactic of pursuing or distancing would take them further away from each other. The solution is to step back, and ask questions rather than fire off incessant accusations.

I also addressed the importance of attachment rituals in their new interaction. These attachment rituals help the couple focus on specific actions that represent their attachment to each other and include the following: 1) kissing and hugging the spouse 'good-bye' and 'hello'; 2) letter writing and leaving notes for each other; 3) greeting each other and asking about the other's day; 4) making a time for a conversation ritual for at least 20 minutes every day; 5) having a regular date night; 6) developing a hobby they both can share; and 7) having a ceremony at church to renew their marital vows.

Conclusion

The case study of Ian and Cary gave me the opportunity to demonstrate many of the fundamental ideas and concepts I learned, or deepened my knowledge of them, while working on this dissertation. These ideas or concepts include the following:

1) Marriage is an institution created by God for reproduction, sexual pleasure, family

structure, a life-long relational covenant, and the reflection of God's image. Ian and Cary believe in these biblical premises, and for that reason they married under the approval of God; and in spite of their significant distress, they never gave up on their marital relationship.

2) The original intention of God for matrimony is that the couple develop an I-Thou relationship, similar to the one He wants to have with His creatures. Sadly, the sinful nature of human beings does not always facilitate the development of a godly relationship (I-Thou), and people end up having a distorted relationship, such as, I-It, It-Thou, or It-It. Previously, Ian and Cary had an It-It relationship, as they both felt insecure and did not respect or accept each other. They were living disengaged from each other, and they did not perceive themselves worthy of the closeness of the other spouse. However, Session 7 was transformational, and at that point they both began to experience the presence of the other in a way that enabled them to develop and reach an I-Thou relationship. The pursuer/distancer dynamic began to disappear, and a new cycle of love and acceptance resurfaced in the relationship. They no longer had dominance or supremacy in the relationship. Instead, Ian and Cary began to recognize and appreciate each other as unique human beings.

3) Since God created Ian and Cary with the capacity to relate to Him and to each other, He designed them with an attachment behavioral system to help them live and survive in this world. When their attachment behavioral system was threatened, they used the negative cycle of pursuing/distancing to express their vulnerabilities and attachment needs. This attachment behavioral system was responsible for the formation of this couple's relationship styles, and from their childhood, it has been the template they have used to relate to everyone emotionally. It involved their emotional style of connecting with others, and it guided the unconscious and conscious rules they lived by, their

ability to nurture themselves, and their capacity for empathy, compassion, and emotional insight.

4) This case study has also helped me to acknowledge that a complete integration between Christian faith and psychology is not impossible. However, a constructive integrative approach to this tension will help in presenting a broader spectrum of the truth about theology and psychology. As demonstrated in this case study, EFT allows the integration of these two perspectives. Even though EFT is based in humanistic/secular perspectives, an intentional constructive approach permitted me to use elements from science that are not against biblical principles. Even those ideas that are contrary to central and foundational biblical theology can still be reshaped and molded by a truthful therapeutic model.

5) This case study presented EFT as a model with a demonstrably positive outcome in couple and family therapies. Even six months after Ian and Cary finished therapy, they continue representing an I-Thou relationship in their marriage, and are happier than ever.

6) This case study is evidence that EFT can transform maladaptive emotions into adaptive ones that reflect the image of God. Through and by EFT, I was an instrument in the hand of the Holy Spirit to guide Ian and Cary through their attachment injuries to become aware of their secondary, or instrumental emotions, and to help them begin to reflect primary emotions, following the example of Jesus. In addition, this case study helped me to confirm that forgiveness is an important element of EFT. When the Christian therapist bases his or her therapy sessions on the theological and psychological perspectives of forgiveness, the counseling sessions move to a higher realm, facilitating the couple to experience attachment healing not only through their own efforts; but also by the power of God, the Healer of all attachment injuries.

7) Ian and Cary are a powerful testimony that the institution of marriage is alive, and continues to be of great influence in society. This couple had distress and insecurity in their relationship such as any marriage might face today. However, with the help of the Holy Spirit, my guidance as a therapist, and the therapeutic methodology of EFT, they experienced a transformation in their relationship. Today, this couple serves as a living example of the benefits of EFT, helping people reflect the relational image of God in their lives.

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Education Profile

- **2011 – Present**

Gordon-Conwell Theological Seminary

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Degree pursued: D.Min., Marriage and Family Therapy (Graduation 2016)

- **2003 – 2008**

Andrews University

Andrews, MI

Degree conferred: M.A. Min (Graduation 2008)

- **2004 -2006**

Capella University

Minneapolis MN

Study: Mental Health – 20 credits

- **2002**

Atlantic Union College

Lancaster, MA

Degree conferred: B.A., Major: Theology,

Degree conferred: B.A., Minor: Religion,

Employment Profile

- **2011- Present**

Title: Senior Pastor

Hialeah Seventh Day Adventist Church,

Hialeah, FL

- **2009-2011**

Title: *Senior Pastor*

Hoboken Seventh Day Adventist Church,

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- **2002-2009**

Title: *Senior Pastor*

Passaic Seventh Day Adventist Church,

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Training and Experience

- **240 Hours** of Clinical Practicum Experience at The Institute of Family Development – Miami, FL
- **240 Hours** of Clinical Practicum Experience at Hialeah Spanish Seventh Day Adventist Church – Miami, FL
- **1000+ hours** of Marriage and Family Therapy – HACER Corp Inc. – Miami, FL=

Presentations and Workshops

- **Marriage and Family Seminar** – Family Retreat. Camp Kulaqua, 10/2010
- **PREPARE-ENRICH** Certification. 2011
- **Emotional Intelligence and Parenting** – Florida Conference of Seventh Day Adventist Convention. Camp Kulaqua FL
- **Dysfunctional Families** – Marriage and Family Conference. Daytona FL, 9/2013
- **Teaching** for Andrews University Marriage and Family Certification. 3/2014
- **Healing Emotional Wounds** – Marriage Retreat Conference, Daytona, FL 9/2015
- **Teaching** for Andrews University Mental Health Certification – 2/2016

Professional Organizations

- American Association of Christian Counselors
- American Association of Marriage and Family Therapist